FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	For All Authorized Com	iiiittee	Offi	ce Use Only
		xample:If typing, type over the lines		
Tim Mahoney for Florida				
ADDRESS (number and street)	4114 Northlake Blyd Ste 300)		
Check if different				
than previously reported. (ACC)	Palm Beach Gardens		FL L	33410
2. FEC IDENTIFICATION NUME	BER ♥ CITY ▲		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C00416016	3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
(a) Quarterly Reports: April 15 Quarterly Re	eport (Q1)	RE-Election Report for the: Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly Re October 15 Quarterly		09 05	2006	in the FL State of
January 31 Year-End	d Report (YE) (c) 30-Day PC	DST -Election Report for the:		
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER) Election or			State of
5. Covering Period 0 7	01 2006	through 0.8	16	2006
I certify that I have examined this Ro Type or Print Name of Treasurer	eport and to the best of my knowled Bill Sauers	ge and belief it is true, correc	ct and complete.	
	cally Filed by Bill Sauers		Date 12	01 2006
NOTE : Submission of false, errone	eous, or incomplete information may	subject the person signing t	his Report to the pena	alties of 2 U.S.C 437g.
Office Use				FEC FORM 3 (Revised 02/2003)

Image# 26930568271

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Tim Mahoney for Florida ° D 0.7 0 8 From: 0.1 2006 2006 Report Covering the Period: To: 16 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 54580.23 586267.23 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 11400.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 54580.23 574867.23 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 277974.00 557894.00 (from Line 17)..... (b) Total Offsets to Operating 885.49 885.49 Expenditures (from Line 14)..... (c) Net Operating Expenditures 557008.51 277088.51 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 118141.93 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 97400.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Tim Mahoney for Florida м м 0 7 ° D 2006 08 2006 From: 0 1 16 Report Covering the Period: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 29700.23 427447.23 (i) Itemized (use Schedule A)..... 3380.00 17820.00 (ii) Unitemized..... (iii) TOTAL of contributions 33080.23 445267.23 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 21500.00 119400.00 (such as PACS)..... 0.00 21600.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 54580.23 586267.23 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 327400.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 327400.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 885.49 885.49 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 629.41 2883.08 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 56095.13 917435.80

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	277974.00	557894.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	230000.00	230000.00
(b) Of all Other Loans(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	230000.00	230000.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	11400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	11400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	507974.00	799294.00
III. CASH SU	MMARY	
23. CASH ON HAND AT BEGINNING OF REPOR	TING PERIOD	570020.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page3)	56095.13
25. SUBTOTAL (add Line 23 and Line 24)		626115.93
26. TOTAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	507974.00

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 / 127			
TEMIZED RECEIPTS		or each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 11d 15 12 13a 13b 14 15			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	name and add	aress of any political committee to	solicit contributions from such committee.			
Tim Mahoney for Florida						
Full Name (Last, First, Middle Initial) John Amein			Date of Receipt			
Mailing Address 4850 Wingrove Blvd.			07 28 2006			
City	State	Zip Code	Transaction ID: C3337926			
<u>Orlando</u>	FL	32819	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Voxeo	Occupation VP	n	Limit Increased Due to Opponent's			
Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General Other (specify) ▼		1500.00				
Full Name (Last, First, Middle Initial) 3. Gilbert Bachman	1		Date of Receipt			
Mailing Address 1824 royal palm way			08 11 7 2006			
City	State	Zip Code	Transaction ID: C3422912			
boca raton	FL	33432	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer none	Occupation	n				
Receipt For: 2006	none Flection C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	Licotion		1			
Other (specify)		2000.00				
Full Name (Last, First, Middle Initial) Steven G. Calamusa	-		Date of Receipt			
Mailing Address 122 Marlberry Cir			08 16 YYYYY 2006			
City	State	Zip Code	Transaction ID: C3423567			
<u>Jupiter</u>	FL	33458-2846	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Gordon & Doner	Occupation Lawyer	n	Limit Increased Due to Opponent's			
Receipt For: 2006	,	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General Other (specify) ▼	0 0	500.00				
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)					
TOTAL THE DESIGNATION OF P						
TOTAL This Period (last page this line number	oniy)					

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 127 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any	y information copied from such Reports and Stor commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Brian E. Callahan Mailing Address 15 Hickory Dr City Medfield FEC ID number of contributing federal political committee. Name of Employer CONTINENTAL WINGATE COMPA-	State MA C	Zip Code 02052-1132	Date of Receipt M M O 7 O 1 2 0 0 6 Transaction ID: C3334236 Amount of Each Receipt this Period 500.00
	Receipt For: 2006 X Primary General Other (specify)	CPA Election C	ycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Julie M. Callahan Mailing Address 191 Center St	Chata	7in Code	Date of Receipt 0 7 0 1 2 0 0 6
	City North Easton	State MA	Zip Code 02356-1903	Transaction ID: C3334243 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Information Requested Receipt For: 2006 X Primary General Other (specify)		on Requested ycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) John Carroll			Date of Receipt
	Mailing Address 11380 Prosperity Farr P.O. Box 31794			07 28 Y Y Y Y Y Y Y
	City West Palm Beach	State FL	Zip Code 33410-3469	Transaction ID: C3337935 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer John W. Carroll Attorney at Law Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Lawyer Election C	ycle-to-Date ▼ 750.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SI	JBTOTAL of Receipts This Page (optional) .			1500.00
TC	OTAL This Period (last page this line number	r only)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 127
	EMIZED RECEIPTS		or each category of the	(check only one)
"	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
	· ····································			12 13a 13b 14 15
or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Tim Mahoney for Florida			
	The manage of the management			
_	Full Name (Last, First, Middle Initial)			
Α.	Russell Cleveland			Date of Receipt
	Mailing Address 8080 N Central Expressw	ay ay		08 16 2006
	City	State	Zip Code	Transaction ID: C3426510
	Dallas	TX	75206	Amount of Each Receipt this Period
			70200	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		1000.00
	· · · · · · · · · · · · · · · · · · ·			
	Name of Employer self	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2006		e management cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election	ycle-to-Date ▼	
	Other (specify)		2000.00	
		0 0		
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1515 31st St NW			07 26 Y Y Y Y Y Y
	City	State	Zip Code	
	Washington	DC	20007-3075	Transaction ID: C3338253
		ЪС	20007-3073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	·			
	Name of Employer Kissinger McLarty Associa-	Occupation		15 15 15 15
	tes	managing		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	
	Other (specify)	' '	1500.00	
	outer (opening) •	0 0	1 1 1 1 1 1 1	
	Full Name (Last, First, Middle Initial)			
C.	Don Delaney			Date of Receipt
	Mailing Address 8422 SE Royal St			08 15 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3426554
	Hobe Sound	FL	33455-2931	Amount of Each Receipt this Period
	FEC ID number of contributing		1111111	
	federal political committee.	C		500.00
	Nome of Employer	Ooc	2	
	Name of Employer Information Requested	Occupation CONSUL		Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Eloction C	yolo to Buto V	1
	Other (specify) ▼		500.00	
_				
	·			2000.00
s	UBTOTAL of Receipts This Page (optional)			2000.00
\vdash			<u> </u>	-
T	OTAL This Period (last page this line number onl	y))	

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/12/
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and State	ements may not be sold or used by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the na	me and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Tim Mahoney for Florida		
Full Name (Last, First, Middle Initial) 4. Earl L. Denney, Jr.		Date of Receipt
Mailing Address 2127 Regents Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C3426608
West Palm Bch	FL 33409-7302	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	212.62
Searcy & Dennéy et al	Occupation ATTORNEY	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		* In-Kind: Mailing - Above
Other (specify) ▼	2212.62	& Beyond Reprograph
Full Name (Last, First, Middle Initial)		
3. Claude Fontheim		Date of Receipt
Mailing Address 3054 Davenport St NW	07 20 2006	
City	State Zip Code	Transaction ID: C3338252
Washington	DC 20008-2115	Amount of Each Receipt this Period
FEC ID number of contributing	C	500.00
federal political committee.		
Fontheim International	Occupation	Limit Income and Dura to Commonwells
LLC Receipt For: 2006	Executive Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		
Maria Fountain		Date of Receipt
Mailing Address 6215 S Flagler Dr		08 09 2006
City	State Zip Code	Transaction ID: C3426472
West Palm Bch	FL 33405-4115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
		_
n/a	Occupation Attorney	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify) ▼	250.00	
		962.62
SUBTOTAL of Receipts This Page (optional)	<u> </u>	JOELOE
TOTAL This Period (last page this line number only	<i>y</i>)	

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/12/
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a
Any information copied from such Reports and St	atements may not be sold or used by any perso	
or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Tim Mahoney for Florida		
F. II Nicoco (Lock First Middle Letter)		
Full Name (Last, First, Middle Initial) A. Bruce E Franklin		Date of Receipt
Mailing Address 6161 SE Landing Way		M M / D D / Y Y Y Y
Apt 4		07 11 2006
City	State Zip Code	Transaction ID: C3334257
Stuart	FL 34997-1890	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Retired	Occupation	
	Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General	Election Cycle-to-Date ▼	a spanish (c sieres ma(), ma)
Other (specify)	250.00	
care (eposity) 🗸	0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)		
Robert E. 'Bob' E. Gordon		Date of Receipt
Mailing Address 6124 Wildcat Run		08 16 2006
City	State Zip Code	Transaction ID: C3423564
West Palm Beach	FL 33412-3007	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	-
Name of Employer Gordon & Doner, PA	Lawyer	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	2000.00	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)		
D. Barbara Grodd D. Barbara Grodd		Date of Receipt
Mailing Address 1035 5th Ave		M M / D D / Y Y Y Y
O:h	Otata 7:a Oada	08 14 2006
City New York	State Zip Code NY 10028-0135	Transaction ID: C3422830
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
	To ::	_
Name of Employer Retired	Occupation Retired Social Worker	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify) ▼	300.00	
		900.00
SUBTOTAL of Receipts This Page (optional)	······	300.00
TOTAL This Davied (lock name this line would not	and a characteristic of the characteristic o	
TOTAL This Period (last page this line number of	л ну)	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 11d
Ar	ny information copied from such Reports and S	Statements may	not be sold or used by any pers	12 13a 13b 14 15 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	e name and add	dress of any political committee to	o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) William Groeneveld			Date of Receipt
	Mailing Address 7385 Oakboro Drive			08 16 2006
	City	State	Zip Code	Transaction ID: C3423569
	<u>Lake Worth</u>	FL	33467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	ı	7
	vFinance	Trader		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.0.0. 4414(1)/4414 1)
	X Primary General Other (specify) ▼		800.00	
В.	Full Name (Last, First, Middle Initial) Douglas Karlson	•		Date of Receipt
	Mailing Address 260 Karlson Rd			07 01 2006
	City	State	Zip Code	Transaction ID: C3334347
	Venus	FL	33960-2324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupation Informati	n on Requested	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	299.00]
С.	Full Name (Last, First, Middle Initial) Arthur J Kobacker			Date of Receipt
	Mailing Address 17963 Lake Estates D	r		07 05 7 2006
	City	State	Zip Code	Transaction ID: C3337985
	Boca Raton	FL	33496-1429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer retired	Occupation	1	Limit Income and Dura to Opposite
	Receipt For: 2006	retired	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	LIECTION	ycie-iu-dale V	7
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00
Т	OTAL This Period (last page this line number	only)	1	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 127 (check only one) X
An or	y information copied from such Reports and Si for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
۹.	Full Name (Last, First, Middle Initial) Nancy L. LaVista Mailing Address 800 Ocean Dr APT 201			Date of Receipt 0 8 1 6 2 0 0 6
	City	State	Zip Code	Transaction ID: C3423565
	Juno Beach FEC ID number of contributing federal political committee.	C	33408-1717	Amount of Each Receipt this Period 100.00
	Name of Employer Lytal, Reiter, Clark, Fou- ntain & Willi Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Lawyer Election C	cycle-to-Date ▼ 350.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Lake H. Lytal, Sr. Mailing Address 515 N FLAGLER DR	NOR	RT	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3426606
	West Palm Beach FEC ID number of contributing federal political committee.	C	33401	Amount of Each Receipt this Period 212.61
	Name of Employer Lytal, Reiter, Clark, Fou- ntain Receipt For: 2006 X Primary General Other (specify) ▼	Occupation ATTORN Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Above & Beyond Reprographics
<u> </u>	Full Name (Last, First, Middle Initial) Sherwin Markman			Date of Receipt
	Mailing Address 1858 SW Bradford PI			07 27 2006
	City	State	Zip Code	Transaction ID: C3338255
	Palm City	FL	34990-5749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hogan & Hartson, Author, Self Employed Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Lawyer Election C	cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			1312.61
T	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 127 (check only one) X
An or	y information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
۹.	Full Name (Last, First, Middle Initial) I A Mascioli Mailing Address 1004 S US Highway 1			Date of Receipt
		State	Zip Code	08 15 2006
	City Fort Pierce	FL	34950-5130	Transaction ID: C3426482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Allen Real Estate Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Realtor Election C	cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Thomas And Teresa Massie Mailing Address 6 Jonas Stone Cir			Date of Receipt
	City	State	Zip Code	0 7 0 1 2 0 0 6 Transaction ID: C3337160
	Lexington	MA	02420-2136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bridgeline, Inc.	Occupation Chairman	n	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify)	Election C	cycle-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Robert G. Najarian			Date of Receipt
	Mailing Address 286 Mayflower Cir			07 01 2006
	City Hanover	State MA	Zip Code 02339-2106	Transaction ID: C3334246 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02000 2100	500.00
	Name of Employer Wingate Management	Occupation Executive		Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify)	Election C	Sycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			2000.00
T	OTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 12 / (check only one) X 11a
			Detailed Summary Page	12 13a 13b 14 15
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Robert L. Paulk			Date of Receipt
	Mailing Address 2139 Palm Beach Lak	es Blvd		M M / D D / Y Y Y Y Y O O O O
	City	State	Zip Code	Transaction ID: C3337934
	West Palm Beach	FL	33409-6601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AFTL	Occupatio Fund Ra		Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) James W. Piowaty Mailing Address 8005 S Indian River D	r		Date of Receipt
				08 12 2006
	City	State	Zip Code	Transaction ID: C3422825
	Fort Pierce	FL	34982-7818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupatio Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Justine F Postal	•		Date of Receipt
	Mailing Address 609 Piedmont Rd			08 16 YYYYY 2006
	City	State	Zip Code	Transaction ID: C3423568
	West Palm Bch	FL	33405-1534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WPB Library	Occupatio Librarian		Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)	•		750.00
_	OTAL This Period (last page this line number	only)		

SCHEDULE A (FE	CForm 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/12/
ITEMIZED RECEIF	•	or each category of the	(check only one)
TI EINIEED TEOLII		Detailed Summary Page	X 11a
Any information copied from	such Reports and Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes,	other than using the name and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE	(In Full)		
Tim Mahoney for Flo	rida		
Full Name (Last, First, M	ddle Initial)		Data of Bassist
A. Stuart Schechter Mailing Address 3858	Sheridan St		Date of Receipt
			08 16 2006
City	State	Zip Code	Transaction ID: C3426485
Hollywood	FL	33021-3625	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			100.00
Name of Employer Self Employed	Occupation	1	1
	Lawyer	vale to Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	06 Election C	ycle-to-Date ▼	
Other (specify)		2250.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 3858	Sheridan St		08 16 2006
City	State	Zip Code	Transaction ID: C3426486
Hollywood	FL	33021-3625	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			150.00
Name of Employer Self Employed	Occupation	1	7
-	Lawyer		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 20 Primary X G	06 Election C	ycle-to-Date ▼	Spending (2 S.S.S. Tria(i), Tria T)
Other (specify)	leneral	2250.00	
Full Name (Last, First, M. Gerald Schuster	iddle Initial)		Date of Receipt
	ungle Rd		M M / D D / Y Y Y Y
			07 07 2006
City	State	Zip Code	Transaction ID: C3334250
Palm Beach	<u>FL</u>	33480-4809	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			1000.00
Name of Employer Continental Wingate, Inc	Occupation	1	7
	Landiold		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		ycle-to-Date ▼	openium (2 e.e.e. Tria(i), Tria T)
Other (specify)	ieneral	2000.00	
SUBTOTAL of Receipts Tr	nis Page (optional)		1250.00
·		•	
TOTAL This Period (last no	age this line number only)	•	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d 15 15 15 16 17 18 18 18 18 18 18 18
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Mark S. Schuster			Date of Receipt
	Mailing Address 59 Essex Rd			07 01 2006
	City	State	Zip Code	Transaction ID: C3334247
	Chestnut Hill	MA	02467-1316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bluestone Holdings	Occupation Real Esta	n ate Developer	Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.				Date of Receipt
	Mailing Address 90 Suffolk Rd			07 06 7 2006
	City	State	Zip Code	Transaction ID: C3334249
	Chestnut Hill	MA	02467-1218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Continental Wingate Co	Occupation Manager		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) John Shelton			Date of Receipt
	Mailing Address 7903 S Indian River Dr	•		08 12 2006
	City	State	Zip Code	Transaction ID: C3422826
	Fort Pierce	FL	34982-7864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
Н	OTAL This Period (last page this line number			

TEMIZED RECEIPTS Description Descripti	S	CHEDULE A (FEC Form 3)	1	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 127
Detailed Summary Page 11a		•			(check only one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commending purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tim Mahonoy for Florida Full Name (Last, First, Middle Initial) Anno Slaughter Slaughter Andrew Mailing Address 11509 Dahlia Ter City State Zip Code Transaction ID: C3338256 Amount of Each Receipt hereof Transaction ID: C3337937 Full Name (Last, First, Middle Initial) B. Eitzabeth A. Smith Mailing Address 375 S Countly Rd STE 220 City State Zip Code Transaction ID: C3337937 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: C3337936 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: C3337936 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: C3337936 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: C3337936 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: C3337936 Amount of Each Receipt his Period FEC ID number of contributing federal political co	•••	EIVIIZED RECEIP I S			
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Tim Mahoney for Florida Full Name (Last, First, Middle Initial) A zine Staughter Saughter Andrew Mailing Address 11509 Dahlia Tor City State Zip Code Transaction ID: C3338256 Amount of Each Receipt First Period FEC ID number of contributing federal political committee. Name of Employer Pattor Boggs Receipt For: 2008 Election Cycle-to-Date Pattor Boggs First, Middle Initial) B. Elizabeth A. Smith Mailing Address 375 S County Rd STE 220 City State Zip Code Transaction ID: C3337937 Palm Beach FL 33489-4407 FEC ID number of contributing federal political committee. Name of Employer Information Requested Information Requested Placepit For: 2006 X Primary General Charter (Last, First, Middle Initial) C. Migne of Employer Spending (2 U.S.C. 441a(i)/441a-1) Table of Receipt For: 2006 X Primary General Charter Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 X Primary General Charter Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 X Primary General Charter Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 X Primary General Charter Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt For: 2006 Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Anne Saughter Slaughter Andrew Mailing Address 11509 Dahlia Ter City State Zip Code Potomac MD 20854-1174 FEC ID number of contributing federal political committee. C C State Zip Code Pation Boggs Receipt For: 2006 Election Cycle-to-Date ▼ Election Cycle-to-Date ▼ Patin Mailing Address 375 S County Rd STE 220 City State Zip Code Patin Beach Fix Smith Mailing Address 375 S County Rd STE 220 City State Zip Code Patin Beach Fix Smith Mailing Address 375 S County Rd STE 2006 Receipt For: 2006 Patin Beach Fix Sad89-4407 FEC ID number of contributing federal political committee. C Cocupation Information Requested Information Requested Information Requested Receipt For: 2006 X Primary General Cocupation City State Zip Code Patin Beach Fix Sad89-4407 FEC ID number of contributing federal political committee. C Sound Patin Receipt For: 2006 X Primary General Cocupation City State Zip Code X Primary General Cocupation Receipt For: 2006 X Primary General Cocupation FEC ID number of contributing Fix Sad414-8930	\setminus	NAME OF COMMITTEE (In Full)			
A. Anne Saughter Saughter Andrew Malling Address 11509 Dahlia Ter City City State Zip Code Potomac MD 20854-1174 FEC ID number of contributing federal political committee. Receipt For: 2006 X Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. Name of Employer Pation Boggs Altorney B. Full Name (Last, First, Middle Initial) B. Fill Name (Last, First, Middle Initial) B. Fill Name (Last, First, Middle Initial) B. Fill Name (Last, First, Middle Initial) C. Michael S. Smith Malling Address 375 S County Rd STE 20 Clay Clay Clay State Zip Code FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2006 X Primary General Other (specify) ▼ C. Michael S. Smith Malling Address 13556 Northumberland Cir Clay Wellington FEC ID number of contributing C. Michael S. Smith Malling Address 13556 Northumberland Cir Clay State Zip Code Wellington FEC ID number of contributing FEC ID numb	\rangle	Tim Mahoney for Florida			
City State Zip Code Potomac MD 20854-1174 FEC ID number of contributing federal political committee. Name of Employer Pation Boggs Attorney Receipt For: 2006 Election Cycle-to-Date ▼ City State Zip Code Transaction ID: C3333937 Full Name (Last, First, Middle Initial) B. Eizabeth A. Smith Mailing Address 375 S County Rd STE 220 City State Zip Code Transaction ID: C3337937 Palm Beach Fill 33480-4407 FEC ID number of contributing federal political committee. Name of Employer Information Requested Information Requested Election Cycle-to-Date ▼ Full Name (Last, First, Middle Initial) Criv State Zip Code Transaction ID: C3337937 Amount of Each Receipt This Period Imit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt Transaction ID: C3337937 Amount of Each Receipt This Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt This Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt This Period Transaction ID: C3337937 Amount of Each Receipt This Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1) Date of Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Amount of Each Receipt Transaction ID: C3337936 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(I)/441a-1)	Α.				Date of Receipt
Potomac Potomac MD 20854-1174 Amount of Each Receipt this Period		Mailing Address 11509 Dahlia Ter			
PEC ID number of contributing federal political committee. C		City		Zip Code	Transaction ID: C3338256
Name of Employer Patton Boggs Altorney Election Cycle-to-Date ▼ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		Potomac	MD	20854-1174	Amount of Each Receipt this Period
Patton Boggs			C		250.00
Receipt For: 2006		Name of Employer Patton Boggs		1	Limit Increased Due to Opponent's
Primary General Other (specify)		Receipt For: 2006		vcle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
B. Elizabeth A. Smith Mailing Address 375 S County Rd STE 220 City Palm Beach FL 33480-4407 FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith. PA Mailing Address 13556 Northumberland Cir City State Zip Code FL 33480-4407 Feul Name (Last, First, Middle Initial) C. Michael S. Smith Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. Date of Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt Date of Receipt Transaction ID: C3337937 Amount of Each Receipt this Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt Transaction ID: C3337936 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt Transaction ID: C3337936 Amount of Each Receipt this Period Election Cycle-to-Date Transaction ID: C3337936 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) SubstortAL of Receipts This Page (optional)				·	7
B. Elizabeth A Smith Mailing Address 375 S County Rd STE 220 City Palm Beach FL 33480-4407 FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2006 X Primary General Other (specify) ▼ State Zip Code Transaction ID: C3337937 Amount of Each Receipt this Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt Transaction ID: C3337937 Amount of Each Receipt this Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Date of Receipt Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. Name of Employer Lesser Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Occupation Attorney Palm Receipt This Page (optional) SubstortAL of Receipts This Page (optional)		Other (specify) ▼	0 0		
STE 220 City State Zip Code Palm Beach FL 33480-4407 FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2006 X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Michael S. Smith Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. C. Mame of Employer Laster Landy and Smith, PA Receipt For: 2006 X Primary General Occupation FEC ID number of contributing federal political committee. C. Mame of Employer Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ SubstortAL of Receipts This Page (optional) SubstortAL of Receipts This Page (optional) State Zip Code Transaction ID: C3337937 Amount of Each Receipt this Period Date of Receipt Transaction ID: C3337936 Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt Transaction ID: C3337936 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt Transaction ID: C3337936 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337936 Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337937 Amount of Each Receipt this Period Transaction ID: C3337936 Transaction ID: C3206 Tr	В.		•		Date of Receipt
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Name of Employer Information Requested Occupation Information Requested Spending (2 U.S.C. 441a(i)/441a-1)		Palm Beach	<u>FL</u>	33480-4407	Amount of Each Receipt this Period
Information Requested Receipt For: 2006 X Primary General Other (specify) ▼ C. Michael S. Smith Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FEC ID number of contributing federal political committee. Name of Employer Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Cupation Attorney Substot Attorney			C		500.00
Receipt For: 2006 X Primary General Other (specify) ▼ State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. Name of Employer Lesser, Learby and Smith. PA Receipt For: 2006 X Primary General Occupation Attorney X Primary General Occupation Attorney Substota		Name of Employer	Occupation	1	
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C. Full Name (Last, First, Middle Initial) C. Michael S. Smith Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Subtotal of Receipts This Page (optional)			Election C	ycle-to-Date ▼	Spending (2 0.3.0. 441a(1)/441a-1)
C. Michael S. Smith Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith. PA Receipt For: 2006 X Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt 07 28 2006 Transaction ID: C3337936 Amount of Each Receipt this Period 500.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				500.00	
Mailing Address 13556 Northumberland Cir City State Zip Code Wellington FL 33414-8930 FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Substot At Page (optional) Substot At Primary Receipts This Page (optional) Signature Zip Code Transaction ID: C3337936 Amount of Each Receipt this Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			1		Date of Receipt
City State Zip Code Wellington FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Other (specify) ▼ State Zip Code Transaction ID: C3337936 Amount of Each Receipt this Period Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	J .		nd Cir		<u> </u>
Wellington FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith. PA Receipt For: 2006 X Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Amount of Each Receipt this Period 500.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			iu Oii		
FEC ID number of contributing federal political committee. Name of Employer Lesser, Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) Other (specify) SUBTOTAL of Receipts This Page (optional)		City	State	Zip Code	Transaction ID: C3337936
Name of Employer Lesser, Lesser, Landy and Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Subtotal of Receipts This Page (optional)		Wellington	FL	33414-8930	Amount of Each Receipt this Period
Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) 1250.00			C		500.00
Smith, PA Receipt For: 2006 X Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) 1250.00		Name of Employer	Occupation	1	\neg
SUBTOTAL of Receipts This Page (optional) Election Cycle-to-Date ▼ 500.00 1250.00		Lesser, Lesser, Landy and Smith, PA	Attorney		
Other (specify) ▼ 500.00 SUBTOTAL of Receipts This Page (optional)			Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
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S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 127
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and story for commercial purposes, other than using the	Statements may e name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Tim Mahoney for Florida			
A.				Date of Receipt
	Mailing Address 2131 Lakeview Dr Apt 604			07 05 2006
	City	State	Zip Code	Transaction ID: C3336322
	Sebring	<u>FL</u>	33870-3198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation Retired	١	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		1050.00	7
	Other (specify) ▼	0 0	1250.00	
В.	9			Date of Receipt
	Mailing Address 2131 Lakeview Dr Apt 604			0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3426469
	Sebring	FL	33870-3198	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	2	_
	Name of Employer Retired	Occupation Retired	I	Limit Increased Due to Opponent's
	Receipt For: 2006	1	sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	2.000.00.10		7
	Other (specify) ▼		1250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ray and Ellyn G Stevenson	•		Date of Receipt
	Mailing Address 1 NE Lagoon Island C	Ct		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3421588
	Stuart	FL	34996-6514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired	Occupation	า	7
		Retired		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		2500.00	7
	Other (specify) ▼		2000.00	1
S	UBTOTAL of Receipts This Page (optional) .	1		1000.00
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Ιт	OTAL This Period (last page this line number	r onlv)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 12 / (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any person	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Marie Sylla			Date of Receipt
	Mailing Address 502 W Broad St Apt 201	State	Zip Code	07 26 2006
	Falls Church	VA	22046-3208	Transaction ID: C3338250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
	Name of Employer T-Mobile USA, Inc.	Occupation Attorney	n Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Anna M Timmons Mailing Address 1190 SW Chapman W	av		Date of Receipt
	Apt 305		7'- 0-4-	08 02 2006
	City Palm City	State FL	Zip Code 34990-2407	Transaction ID: C3426870 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34330-2407	250.00
	Name of Employer Not employed	Occupation Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 750.00	Opending (2 3.3.3. 441a(i))441a 1)
C.	Full Name (Last, First, Middle Initial) Kathleen M.H. Wallman			Date of Receipt
	Mailing Address 9332 Ramey Ln			07 26 7 2006
	City Great Falls	State VA	Zip Code 22066	Transaction ID: C3338257 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	500.00
	Name of Employer Georgetown University	Occupation profesor	1	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 127 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida	•	
Full Name (Last, First, Middle Initial) Michael Wetzel Mailing Address PO Box 12699 City Fort Pierce FEC ID number of contributing federal political committee. Name of Employer Sunrise Ford	State Zip Code FL 34979-2699 C Occupation Executive	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) R.J. White Mailing Address 20 W Farmington St City Fenwick Island FEC ID number of contributing	State Zip Code DE 19944-4519 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Other (specify)	Occupation Retired Election Cycle-to-Date 1500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) William 'Rick' Wolff Mailing Address 1088 Park Ave APT 8A City New York FEC ID number of contributing federal political committee. Name of Employer Lykos Capital Management Receipt For: 2006 X Primary General Other (specify)	State Zip Code NY 10128-1132 C Occupation Hedge Fund Partner Election Cycle-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3)	l Ise senarati	e schedule(s)	FOR LINE NUMBER: PAGE 20 / 12 /
TEMIZED RECEIPTS	or each cate	gory of the \	(check only one)
	Detailed Sun	mmary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and Sta	ements may not be sold or u	used by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and address of any poli	itical committee to s	olicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Tim Mahoney for Florida			
Full Name (Last, First, Middle Initial) 4. Gordon and Tracy Baskin			Date of Receipt
Mailing Address 1900 NW Cove Cir			07 06 2006
City	State Zip Code		Transaction ID: C3336612A
Stuart	FL 34994-946	68	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Gastroenterology Consulta- nts	Occupation PHYSICIAN	_	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General	Election Cycle-to-Date	▼	
Other (specify)		500.00	* Earmarked Contribution: See Below
Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt
Mailing Address PO Box 382110			07 06 2006
City	State Zip Code		Transaction ID: C3336612AB
Cambridge	MA 02238		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation Conduit total: 10,131.0		Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date		Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
X Primary General	· · · · · · · · · · · · · · · · · · ·	00	Note: Above Contribution
Other (specify)	0 0 0 0 0	.00	earmarked through this organization.
Full Name (Last, First, Middle Initial) Murray Berrie			Date of Receipt
Mailing Address 14745 Draft Horse Ln			07 26 2006
City	State Zip Code		Transaction ID: C3337258
Wellington	FL 33414-100	08	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Retired	Occupation		Limit Increased Due to Opponent's
Receipt For: 2006	Retired Election Cycle-to-Date	▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	2.35tion Syste to Date	· · · · · · · · · · · · · · · · · · ·	* Earmarked Contribution:
Other (specify) ▼	0 0 0 0 0	300.00	See Below
SUBTOTAL of Receipts This Page (optional)			550.00
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TOTAL This Period (last page this line number or	ly)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 127
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸				12
or	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and addi	ress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Tim Mahoney for Florida			
	Full Name (Last, First, Middle Initial)			
٩.	ACT BLUE			Date of Receipt
	Mailing Address PO Box 382110			07 26 2006
	City Sta	tate	Zip Code	Transaction ID: C3337258B
	<u>Cambridge</u> MA	1A	02238	Amount of Each Receipt this Period
	FEC ID number of contributing	1 '		F0.00
	federal political committee.			50.00
	Name of Employer Occ	cupation		_
			otal: 10,131.00	Limit Increased Due to Opponent's
			vcle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X Primary General			Note: Above Contribution
	Other (specify) ▼		.00	earmarked through this organization.
				gariization.
2	Full Name (Last, First, Middle Initial) Murray Berrie			Date of Receipt
٠.	Mailing Address 14745 Draft Horse Ln			M M / D D / Y Y Y Y
	maining / toda ood 14/40 Drait Horse En			08 11 2006
	City Sta	tate	Zip Code	Transaction ID: C3425390
	Wellington FL	L	33414-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	'		50.00
	federal political committee.	'		50.00
	Name of Employer Occ	cupation		
	Retired	tired		Limit Increased Due to Opponent's
		ection Cy	/cle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		300.00	* Earmarked Contribution:
	Other (specify) ▼		000.00	See Below
	Full Name (Last, First, Middle Initial)			
Э.	ACT BLUE			Date of Receipt
	Mailing Address PO Box 382110			M M / D D / Y Y Y Y
				08 14 2006
	,	tate	Zip Code	Transaction ID: C3425390B
	<u>Cambridge</u> M.	IA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		50.00
	Tederal political committee.			
		cupation		
			otal: 10,131.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Elector X Primary General	ection Cy	vcle-to-Date ▼	[MEMO ITEM]
	Other (specify)		.00	Note: Above Contribution earmarked through this or-
		1 1		ganization.
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			50.00
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т	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	check only one) X 11a 11b 11c 11d 11d
Δr	ny information copied from such Reports and S	tatamente may	, ,	12 13a 13b 14 15
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Phillip Elmore			Date of Receipt
	Mailing Address 14550 Crazy Horse Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3334392
	West Palm Beach	FL	33418-7969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Savasort, Inc	Occupation Presiden	t	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 500.00	* Earmarked Contribution: See Below
В.	Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt
	Mailing Address PO Box 382110			07 21 2006
	City	State	Zip Code	Transaction ID: C3334392B
	Cambridge	MA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation Conduit t	n :otal: 10,131.00	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X Primary General Other (specify) ▼	0 0	.00	Note: Above Contribution earmarked through this organization.
<u> </u>	Full Name (Last, First, Middle Initial) Janice Fisher			Date of Receipt
	Mailing Address 900 Delaware Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3425388
	Fort Pierce	FL	34950-8518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation attorney	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	* Earmarked Contribution: See Below
s	UBTOTAL of Receipts This Page (optional)			1100.00
	OTAL This Period (last page this line number			

lige senarate schedule(s)	FOR LINE NUMBER: PAGE 23/12/
or each category of the	(check only one)
Detailed Summary Page	X 11a 11b 11c 11d
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address of any political committee to	solicit contributions from such committee.
	Date of Receipt
	08 14 2006
Zip Code	Transaction ID: C3425388B
02238	Amount of Each Receipt this Period
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	Limit Increased Due to Opponent's
	Spending (2 U.S.C. 441a(i)/441a-1)
·	[MEMO ITEM] Note: Above Contribution
.00	earmarked through this or-
	ganization.
	Date of Receipt
	07 18 2006
Zip Code	Transaction ID: C3334345
33871-1419	Amount of Each Receipt this Period
	500.00
ation	_
ation	Limit Increased Due to Opponent's
n Cvcle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	* Earmarked Contribution:
500.00	See Below
	Date of Receipt
	Date of Receipt
	07 21 2006
Zip Code	Transaction ID: C3334345B
02238	Amount of Each Receipt this Period
	500.00
	300.00
ation	-
	Limit Increased Due to Opponent's
	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
00	Note: Above Contribution
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S(CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24/12/
	EMIZED RECEIPTS		or each category of the	(check only one)
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
۸۰	y information copied from such Reports and Stater	monto mou	not be sold or used by any parse	12
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Tim Mahoney for Florida			
<u>/</u>	·			
	Full Name (Last, First, Middle Initial) Elizabeth Heston			Date of Receipt
٦.	Mailing Address 1100 SW Shoreline Dr			M M / D D / Y Y Y Y
	APT 320			07 20 2006
	City	State	Zip Code	Transaction ID: C3334258
	Palm City	FL	34990-4545	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer	Occupation		┥
	Retired	Retired		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		550.00	* Earmarked Contribution:
	Other (specify) ▼		550.00	See Below
3.	Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt
•	Mailing Address PO Box 382110			M M / D D / Y Y Y Y
				07 21 2006
	City	State	Zip Code	Transaction ID: C3334258B
	Cambridge	MA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation		7
		Conduit to	otal: 10,131.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		Election C	ycle-to-Date ▼	[MEMO ITEM]
	X Primary General		.00	Note: Above Contribution
	Other (specify)	1 1		earmarked through this organization.
	Full Name (Last, First, Middle Initial)			
Э.	Benjamin P. Lap			Date of Receipt
	Mailing Address 320 N Gordon			M M / D D / Y Y Y Y
	0"	0	7: 0 1	08 16 2006
	City	State	Zip Code	Transaction ID: C3425381
	Ft. Lauderdale	FL	33301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Riotoch Pharmá Advisors	Occupation	l	15 15 15
	LLC	CEO	vale to Date.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	* F
	Other (specify)		2000.00	* Earmarked Contribution: See Below
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s	UBTOTAL of Receipts This Page (optional))	2250.00
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т	OTAL This Period (last page this line number only)	١	•	

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/12/		
	EMIZED RECEIPTS		or each category of the	(check only one)		
• •	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15		
۸n	ny information copied from such Reports and Statemer	nte may	not be cold or used by any person			
or	for commercial purposes, other than using the name a	and addi	ress of any political committee to	solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
\rangle	Tim Mahoney for Florida					
_						
Δ	Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt		
••	Mailing Address PO Box 382110			M M / D D / Y Y Y Y		
				08 16 2006		
	City	State	Zip Code	Transaction ID: C3425381B		
	<u>Cambridge</u> M	//A	02238	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee			2000.00		
	federal political committee.			2500.00		
	Name of Employer Occ	cupation				
	Cor	nduit to	otal: 10,131.00	Limit Increased Due to Opponent's		
		ection Cy	vcle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General		.00	Note: Above Contribution		
	Other (specify) ▼	1 1	.00	earmarked through this organization.		
	Full Name (Last, First, Middle Initial)					
3.	Nancy Miller-Green			Date of Receipt		
	Mailing Address 1120 SE Buttonwood Cir			M M / D D / Y Y Y Y		
				07 03 2006		
	•	State 	Zip Code	Transaction ID: C3336610A		
	Stuart Fl	·L	34997-7506	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	;		25.00		
	- Todoral political committee.					
	N/A	cupation				
	IN/F			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006 Ele X Primary General	ection Cy	vcle-to-Date ▼			
	Other (specify)		400.00	* Earmarked Contribution: See Below		
		0 0				
_	Full Name (Last, First, Middle Initial)					
Э.	ACT BLUE			Date of Receipt		
	Mailing Address PO Box 382110			07 03 2006		
	City St	State	Zip Code	Transaction ID: C3336610AB		
	•	ΛA	02238	Amount of Each Receipt this Period		
	EEO ID comband on the later					
	federal political committee.			25.00		
	Name of Employer	ounation		_		
	. ,	cupation anduit to	otal: 10,131.00	Limit Increased Due to Opponent's		
			vcle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]		
	X Primary General			Note: Above Contribution		
	Other (specify) ▼		.00	earmarked through this organization.		
				gamzanom.		
	CURTOTAL of Descirts This Desc (entional)					
S	UBTOTAL of Receipts This Page (optional)		>	25.00		
Ţ.	OTAL This Period (last page this line number only)					
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SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 127
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 11d 15 12 13a 13b 14 15
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Tim Mahoney for Florida			
Full Name (Last, First, Middle Initial)			
A. Paul Ruthfield Mailing Address 145 Legendary Cir			Date of Receipt
145 Legendary On			08 03 2006
City	State	Zip Code	Transaction ID: C3339820
Palm Beach Gardens	FL	33418-8470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Morgan Stanley	Occupation	n	7
	Stock Bro		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	
Other (specify)		250.00	* Earmarked Contribution: See Below
Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt
Mailing Address PO Box 382110			08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C3339820B
Cambridge	MA	02238	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.			
Name of Employer	Occupation		Limit Ingressed Due to Organization
Receipt For: 2006		otal: 10,131.00 Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	LIGORIOTIC		[MEMO ITEM] Note: Above Contribution
Other (specify)		.00	earmarked through this organization.
Full Nome (Lock First Middle Initial)			ganzanon.
Full Name (Last, First, Middle Initial) David Schafer			Date of Receipt
Mailing Address 103 spinnaker lane			08 14 2006
City	State	Zip Code	Transaction ID: C3425380
jupiter	FL	33477	Amount of Each Receipt this Period
FEC ID number of contributing	C		2000.00
federal political committee.			
Name of Employer schafer capital managemen-	Occupation		Limit Inguigated Dura to Open an audit
t, Ilc Receipt For: 2006		ent advisor Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Licotion		* Earmarked Contribution:
Other (specify) ▼	0 0	2000.00	See Below
	1		2250.00
SUBTOTAL of Receipts This Page (optional)		<u> </u>	2230.00
TOTAL This Period (last page this line number	r onlv)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 127 (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
۸.	Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt
	Mailing Address PO Box 382110	08 14 2006		
	City	State	Zip Code	Transaction ID: C3425380B
	Cambridge	MA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupation	n	
			otal: 10,131.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	[MEMO ITĒM]
	Other (specify)		.00	Note: Above Contribution earmarked through this organization.
3.	Full Name (Last, First, Middle Initial) Alexander Seligman	'		Date of Receipt
	Mailing Address 27010 Grand Central Pkwy APT 15-O			07 01 7 2006
	City	State	Zip Code	Transaction ID: C3336604A
	Floral Park	NY	11005-1115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer None	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	700.00	* Earmarked Contribution: See Below
).	Full Name (Last, First, Middle Initial) ACT BLUE	<u>'</u>		Date of Receipt
	Mailing Address PO Box 382110			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3336604AB
	Cambridge	MA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Occupation Conduit total: 10,131.00			Limit Increased Due to Opponent's
	Receipt For: 2006	_, -	Cycle-to-Date ∇	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		.00	[MEMO ITEM] Note: Above Contribution earmarked through this organization.
s	UBTOTAL of Receipts This Page (optional)			100.00
T	OTAL This Period (last page this line number	er only)		

S(CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 12 /
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 11d 12 12 13a 13b 14 15
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Tim Mahoney for Florida			_
۹.	Full Name (Last, First, Middle Initial) Alexander Seligman			Date of Receipt
	Mailing Address 27010 Grand Central Pkv APT 15-O	wy		08 01 7 2006
	City	State	Zip Code	Transaction ID: C3338772
	Floral Park	NY	11005-1115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer None	Occupation Retired	1	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	· ·	700.00	* Earmarked Contribution: See Below
3.	Full Name (Last, First, Middle Initial) ACT BLUE			Date of Receipt
	Mailing Address PO Box 382110			08 / 07 / Y Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: C3338772B
	Cambridge	MA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	n otal: 10,131.00	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			[MEMO ITEM] Note: Above Contribution
	Other (specify) ▼	0 0	.00	earmarked through this organization.
<u> </u>	Full Name (Last, First, Middle Initial) Barry Silbert			Date of Receipt
	Mailing Address 5 E 22nd St APT 20H			08 10 7 2006
	City	State	Zip Code	Transaction ID: C3425389
	New York	NY	10010-5327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Restricted Securities Tra-	Occupation	1	7
	ding Network	CEO		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	
	X Primary General Other (specify) ▼		750.00	* Earmarked Contribution: See Below
s	UBTOTAL of Receipts This Page (optional)			350.00
	,			
т	OTAL This Period (last nage this line number on	lv)	•	

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/12/	
TEMIZED RECEIPTS	or each category of the	(check only one)	
	Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15	
Any information copied from such Reports and Stat	ements may not be sold or used by any person		
or for commercial purposes, other than using the na	ime and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Tim Mahoney for Florida			
F. III. No coo (Local, Elect, Middle, Letter)			
Full Name (Last, First, Middle Initial) A. ACT BLUE		Date of Receipt	
Mailing Address PO Box 382110		M M / D D / Y Y Y Y	
		08 14 2006	
City	State Zip Code	Transaction ID: C3425389B	
Cambridge	MA 02238	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	c	250.00	
Name of Employer	Occupation		
Provint Form	Conduit total: 10,131.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 X Primary General	Election Cycle-to-Date ▼	[MEMO ITEM]	
Other (specify)	.00	Note: Above Contribution earmarked through this or-	
		ganization.	
Full Name (Last, First, Middle Initial)		Date of Receipt	
	Joshua Smith		
Mailing Address 112 Casa Grande Ct	07 28 2006		
City	State Zip Code	Transaction ID: C3337940	
Palm Beach Gardens	FL 33418-1706	Amount of Each Receipt this Period	
FEC ID number of contributing	C	250.00	
federal political committee.		250.00	
Name of Employer			
none	Chiropractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 0.5.C. 44 ra(1)/44 ra-1)	
X Primary General Other (specify)	250.00	* Earmarked Contribution: See Below	
Other (specify)		Occ Bolow	
Full Name (Last, First, Middle Initial)			
ACT BLUE		Date of Receipt	
Mailing Address PO Box 382110		07 28 2006	
City	State Zip Code	Transaction ID: C3337940B	
<u>Cambridge</u>	MA 02238	Amount of Each Receipt this Period	
FEC ID number of contributing		250.00	
federal political committee.	C	250.00	
Name of Employer	Name of Employer Occupation		
	Conduit total: 10,131.00	Limit Increased Due to Opponent's	
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
X Primary General	.00	Note: Above Contribution	
Other (specify) ▼		earmarked through this organization.	
SUBTOTAL of Receipts This Page (optional)	>	250.00	
TOTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 127
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 11d 15 12 13a 13b 14 15
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Full Name (Last, First, Middle Initial) A. Andrew 'Andy' P Tobias			Date of Receipt
Mailing Address 787 NE 71st St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C3338259
<u>Miami</u>	FL	33138-5717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer self	Occupation	n	Limit Increased Due to Opponent's
Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼	0 0	2000.00	* Earmarked Contribution: See Below
Full Name (Last, First, Middle Initial) 3. ACT BLUE	1		Date of Receipt
Mailing Address PO Box 382110			07 29 7 2006
City	State	Zip Code	Transaction ID: C3338259B
Cambridge	MA	02238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation Conduit total: 10,131.00		Limit Increased Due to Opponent's
Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Primary X General Other (specify) ▼		.00	Note: Above Contribution earmarked through this organization.
Full Name (Last, First, Middle Initial) James Wilder	ı		Date of Receipt
Mailing Address 2981 S Lookout Blvd			08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C3425391
Port Saint Lucie	<u>FL</u>	34984-6102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Big Brothers Big Sisters	Occupation Professional		Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼		300.00	* Earmarked Contribution: See Below
SUBTOTAL of Receipts This Page (optional)			1300.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 127
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 11d 15 12 13a 13b 14 15
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Tim Mahoney for Florida			
Full Name (Last, First, Middle Initial) A. ACT BLUE			Date of Receipt
Mailing Address PO Box 382110			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: C3425391B
Cambridge	MA	02238	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		300.00
Name of Employer	Occupation	n :otal: 10,131.00	Limit Increased Due to Opponent's
Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Ziodioii d		[MEMO ITEM] Note: Above Contribution
Other (specify) ▼		.00	earmarked through this organization.
Full Name (Last, First, Middle Initial) 3. Margol & Pennington, P.A.			5. (5.)
3			Date of Receipt
Mailing Address 320 1st St N Ste 609			08 14 2006
City	State	Zip Code	Transaction ID: C3426445
Jacksonville Beach	FL	32250-6909	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.	0		
Name of Employer	Occupation	n	
Receipt For: 2006	Floation C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	LIECTION	ycle-to-date V	DARTNERSHIP partners hel
Other (specify) ▼		500.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)			
Rodney S Margol			Date of Receipt
Mailing Address 1 Independent Dr STE 1700			08 14 2006
City	State	Zip Code	Transaction ID: C3426449
<u>Jacksonville</u>	<u>FL</u>	32202-5015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
<u> </u>			
Name of Employer Margol & Pennington	r Occupation		Limit Increased Due to Opponent's
Receipt For: 2006	Attorney Flection C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	2.000011		[MEMO ITĚM]
Other (specify) ▼	0 0	250.00	
			500.00
SUBTOTAL of Receipts This Page (optional)		<u> </u>	300.00
TOTAL This Period (last page this line number o	nly)		

S(CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32/12/
	EMIZED RECEIPTS		or each category of the	(check only one)
	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
۸۰	y information copied from such Reports and Stater	monto mov	not be cold or used by any parce	12 13a 13b 14 15
or	for commercial purposes, other than using the nam	ne and add	rnot be sold of used by any perso fress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Tim Mahoney for Florida			
_				
	Full Name (Last, First, Middle Initial) C. Rufus Pennington			Date of Receipt
٠.	Mailing Address 1 Independent Dr			M M / D D / Y Y Y Y
	STE 1700			08 14 2006
	City	State	Zip Code	Transaction ID: C3426451
	<u>Jacksonville</u>	FL	32202-5015	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer Margol & Pennington	Occupation	1	7
	Margol & Pennington	Attorney		Limit Increased Due to Opponent's
		Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X Primary General		250.00	
	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			1
3.	Reich & Mancini, P.A.			Date of Receipt
	Mailing Address 1100 SW Saint Lucie West Blvd			08 04 2006
	Ste 103	Ste 103		
	Port St Lucie	State FL	Zip Code 34986-1779	Transaction ID: C3426517
		1 -	34900-1779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Flection C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			PARTNERSHIPpartners bel-
	Other (specify) ▼		500.00	ow if itemized
•	Full Name (Last, First, Middle Initial) David F. Mancini			Date of Receipt
٠.	Mailing Address 1625 SW Saint Andrews D)r		M M / D D / Y Y Y Y
	- Tozo ovi Gaint / indiowo E	- 1		08 04 2006
	City	State	Zip Code	Transaction ID: C3426521
	Palm City	FL	34990-2203	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Occupation Reich & Mancini			7
		Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		Election C	ycle-to-Date ▼	[MEMO ITEM]
	X Primary General Other (specify) ▼		250.00	
	Cutor (opcony)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)		.	500.00
T	OTAL This Period (last page this line number only)	•	

FOR LINE NUMBER: PAGE 33 / 127 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Andrew A Reich Date of Receipt Mailing Address 1100 SW Saint Lucie West Blvd 8 0 04 2006 Ste 103 City State Zip Code Transaction ID: C3426524 Port St Lucie FL 34986-1779 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Reich & Mancini PA Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Attorney Receipt For: 2006 Election Cycle-to-Date X Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	29700.23

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 12/
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may not be sold or used by any pers ame and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Tim Mahoney for Florida		
Full Name (Last, First, Middle Initial) A. American Fed of State, Cty, & Muni Employees PEC	DPL	Date of Receipt
Mailing Address 1625 L St NW		07 06 2006
City Washington	State Zip Code DC 20036	Transaction ID: C3336513
FEC ID number of contributing federal political committee.	C C00011114	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2006 X Primary General Other (specify)	Election Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) American Federation of Teachers COPE		Date of Receipt
Mailing Address 555 NEW JERSEY AVE	08 10 2006	
City	State Zip Code	Transaction ID: C3421633
WASHINGTON	DC 20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C70002472	4500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) C. AMERIPAC: THE FUND FOR A GREATER AMERI	CA	Date of Receipt
Mailing Address 499 S Capitol St SW Suite 108		07 31 2006
City	State Zip Code	Transaction ID: C3339680
Washington	DC 20003-4009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00271338	2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify)	10000.00	
SUBTOTAL of Receipts This Page (optional)		8000.00
TOTAL This Period (last page this line number or	ıly) l	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 127 (check only one)
Any information copied from such Reports and S	Statements ma		n for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Full Name (Last, First, Middle Initial) CWA-COPE POLITICAL CONTRIBUTIONS CO Mailing Address 501 Third Street NW	MMITTEE		Date of Receipt
			08 04 2006
City <u>Washington</u>	State DC	Zip Code 20001	Transaction ID: C3419666 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0002089	2500.00
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) 3. INTERNATIONAL BROTHERHOOD OF BOILE Million Address 750 OTATE AVENUE		:	Date of Receipt
Mailing Address 753 STATE AVENUE SUITE 565			07 15 2006
City KANSAS CITY	State KS	Zip Code 66101	Transaction ID: C3336762
FEC ID number of contributing federal political committee.		0005157	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Linternational Union of Bricklayers & Allied Crafts			Date of Receipt
Mailing Address 3127 W Hallandale Beach Blvd # 10.1			07 31 7 2006
City <u>Hallandale</u>	State FL	Zip Code 33009-5150	Transaction ID: C3339216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0003632	1000.00
Name of Employer	Occupation		Limit Increased Due to Opponent's
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) .			4500.00
TOTAL This Period (last page this line number	r only)	>	

SCHEDULE A (FEC Form	3)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 127 (check only one) 11a 11b X 11c 11d 11d 15
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may ising the name and add	not be sold or used by any persolers of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Full Name (Last, First, Middle Initial) International Union of Bricklayers & Allie Mailing Address 3127 W Halland			Date of Receipt
# 10.1 City	State	Zip Code	0 8 0 4 2 0 0 6 Transaction ID: C3421918
<u>Hallandale</u>	FL	33009-5150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0003632	1500.00
Name of Employer	Name of Employer Occupation		
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) MACHINISTS NON-PARTISAN POLITIC Mailing Address 1300 CONNEC	CAL LEAGUE TICUT AVE NWSU	ITE 413	Date of Receipt
			07 27 2006
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: C3338759 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0000435	2500.00
Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 5000.00	Sponding (2 0.0.0. 441a(i)/441a 1)
Full Name (Last, First, Middle Initial) OUR COMMON VALUES PAC	•		Date of Receipt
Mailing Address 101 W. Grand A Suite 200 City	Ave. State	Zip Code	07 25 2006 2007F4
<u>Chicago</u>		60610	Transaction ID: C3338754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0399014	500.00
Name of Employer	Occupation	n	Limit Insuranced Due to Organization
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Sycle-to-Date ▼ 7000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (op	tional)		4500.00
TOTAL This Period (last page this line	number only)		

PAGE 37 / 127 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) OUR COMMON VALUES PAC Date of Receipt Mailing Address 101 W. Grand Ave. 07 25 2006 Suite 200 City State Zip Code Transaction ID: C3491730 Chicago IL 60610 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 C C00399014 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 7000.00 Other (specify) Full Name (Last, First, Middle Initial) B. UA Political Education Committee Date of Receipt Mailing Address 901 Massachusetts Ave NW 10 2006 City Zip Code State Transaction ID: C3336517 Washington DC 20001 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C C00012476 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	4500.00
TOTAL This Period (last page this line number only)	•	21500.00

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 127 (check only one)
An or	y information copied from such Reports and for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers	n for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address Prosperity Center			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C3426904
	Palm Beach Gardens	FL	33410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		319.49
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 340.78	
3.	Full Name (Last, First, Middle Initial) Office Depot	•		Date of Receipt
	Mailing Address Prosperity Center			07 24 2006
	City	State	Zip Code	Transaction ID: C3426903
	Palm Beach Gardens	FL	33410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.29
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 340.78	* Earmarked Contribution: See Below
).	Full Name (Last, First, Middle Initial) ACT BLUE	•		Date of Receipt
	Mailing Address PO Box 382110			07 24 2006
	City	State	Zip Code	Transaction ID: C3426903B
	Cambridge	MA	02238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.29
	Name of Employer		otal: 10,131.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ .00	[MEMO ITEM] Note: Above Contribution earmarked through this organization.
S	UBTOTAL of Receipts This Page (optional)		340.78
т	OTAL This Period (last page this line numb	per only)		

PAGE 39 / 127 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Date of Receipt Office Max Mailing Address 4242 Northlake Blvd 07 27 2006 City State Zip Code Transaction ID: C3426905 Palm Beach Gardens FI 33410-6223 Amount of Each Receipt this Period FEC ID number of contributing 532.49 C federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General Earmarked Contribution: 532.49 See Below Other (specify) Full Name (Last, First, Middle Initial) **B.** ACT BLUE Date of Receipt Mailing Address PO Box 382110 07 27 2006 City State Zip Code Transaction ID: C3426905B Cambridge MA 02238 Amount of Each Receipt this Period FEC ID number of contributing C 532.49 federal political committee. Name of Employer Occupation Conduit total: 10,131.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM] Receipt For: 2006 Election Cycle-to-Date X Primary General Note: Above Contribution earmarked through this or-.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	532.49
TOTAL This Period (last page this line number only)	→	873.27

ganization.

FOR LINE NUMBER: PAGE 40 / 127 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b X 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) A. Bank of America Date of Receipt Mailing Address 9000 Southside Blvd 07 31 2006 City State Zip Code Transaction ID: C3426900 <u>Jacksonville</u> FL 32256-0793 Amount of Each Receipt this Period FEC ID number of contributing C 629.41 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 2883.08 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	629.41
TOTAL This Period (last page this line number only)	<u> </u>	629.41

S	CHEDULE B	(FEC Form 3	3)	Use sepe	erate schedule(s)	FOR LINI			R:			F	AGE	41 / 127
IT	EMIZED DIS	BURSEMEN ⁻	ΓS	for each of Detailed	category of the Summary Page	(check on	X	e) 17 20a		18 20b	E	19a 20d		19b 21
	y Information copied for commercial purpo													
\setminus	NAME OF COMMI													
/	Tim Mahoney fo	r Florida												
A.	Full Name (Last, Fin A Reiger	rst, Middle Initial)						Date o	of D	isburs	en			, v
	Mailing Address	1675 NW 14th Apt. #511	Avenue					o ^M 7	IVI	/ D	1 5	<u> </u>	2	2 0 0 6 °
	City Boca Raton	·		tate L	Zip Code 33432		A	Amou	nt o	f Eacl	n D	isburs	emer	nt this Period
	Purpose of Disburs Payroll Expense	ement										osal c		
	Candidate Name					ategory/ Type				F.R. 4		Requir .53	ea Ui	nder
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General									
		District:												
В.	Full Name (Last, Fi	rst, Middle Initial)						Date o	of D	isburs	en			
	Mailing Address	1675 NW 14th A	Avenue					0 ^M 8	М	/ D	0 1) /	2	006
	City Boca Raton	·		tate L	Zip Code 33432		<i>A</i>	Amou	nt o	f Eacl	n D	isburs	emer	nt this Period
	Purpose of Disburs Payroll Expense	ement										oosal o		
	Candidate Name					ategory/ Type				F.R. 4			eu Oi	idei
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General									
		District:												
C.	Full Name (Last, Fi	rst, ivilidale militar)						Date o		isburs	en			/ V V
	Mailing Address	1675 NW 14th A Apt. #511	Avenue					0 8			1 5		2	2006
	City Boca Raton			tate L	Zip Code 33432		<i>A</i>	Amou	nt o	f Eacl	n D	isburs	emer	nt this Period
	Purpose of Disburs Payroll Expense	ement										oosal o		
	Candidate Name					ategory/ Type				F.R. 4		Requir .53	ea Oi	ider
	Office Sought: State:	House Senate President District:		nent For: Primary Other (spe	2006 General									
SI	UBTOTAL of Disbui		(ontional)							•			2	2349.36
	OTAL This Period (I						i	-	-	*	•			• • • •

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the Detailed Summary Page	FOR LINE (check on	PAGE 42 / 127 ly one) X 17 18 19a 19b
	y Information copied from such Reports and Sta for commercial purposes, other than using the n			
OI	NAME OF COMMITTEE (In Full)	arrie and address or arry politica	ii committee to so	DICIT CONTINUTIONS FROM SUCH COMMITTEE
\rangle	Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Aaron Carotta			Transaction ID: D132318 Date of Disbursement 0 7 1 4 2 0 0 6
	Mailing Address 2500 Quantum Lakes Ste 203			07 14 2006
	City Boynton Beach	State Zip Code FL 33426-8323		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent		• •	4000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu Senate President	xrsement For: 2006 X Primary General Other (specify) ▼		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Aaron Carotta			Transaction ID: D132319 Date of Disbursement
	Mailing Address 2500 Quantum Lakes Ste 203	Dr		$\begin{bmatrix} M & M $
	City Boynton Beach	State Zip Code FL 33426-8323	1	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent			5000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	rrsement For: 2006 X Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Aaron Rents			Transaction ID: D132320 Date of Disbursement
	Mailing Address 1772 N Military Trl			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 4 \\ 0 & 1 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 & 1 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$
	City West Palm Beach	State Zip Code FL 33409-4714		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Furniture		• •	320.74 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	x Primary General Other (specify)		
	State: District:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
s	UBTOTAL of Disbursements This Page (option	al)		9320.74

91	CHEDULE B (FEC Form 3	\ _				
				erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 43 / 127
Ш	EMIZED DISBURSEMENTS	5		category of the Summary Page	l ` <u>-</u> -	X 17
_						20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using					
Ν	NAME OF COMMITTEE (In Full)					
V	Tim Mahoney for Florida					
_	Full Name (Last, First, Middle Initial)					Transaction ID: D132321
Α.	Aaron Rents					Date of Disbursement
	Mailing Address 1772 N Military Tr	1				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Y & O & O & O \end{bmatrix} $
	City West Palm Beach		tate L	Zip Code 33409-4714		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Furniture				• •	324.92
	Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under
	Canada Name				Type	11 C.F.R. 400.53
	Office Sought: House	Disbursem		2006		
	Senate		Primary	General		
	State: President District:		Other (spe	ciry) 🔻		
_	Full Name (Last, First, Middle Initial)					Transaction ID: D132322
В.	Aaron Rents					Date of Disbursement
	Mailing Address 1772 N Military Tr	1				$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} $
	City		tate	Zip Code		Amount of Each Disbursement this Period
	West Palm Beach	F	L	33409-4714		77.61
	Purpose of Disbursement Office Furniture				•	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		Disbursem		2006		
	Senate President		Primary Other (spe	General		
	State: District:		otilei (spe	City) \		
	Full Name (Last, First, Middle Initial)					Transaction ID: D132323
C.	Aaron Rents					Date of Disbursement
	Mailing Address 1772 N Military Tr	1				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & G \\ Y & Y & O & O & G \end{bmatrix}$
	City West Palm Beach		tate L	Zip Code 33409-4714		Amount of Each Disbursement this Period
	Purpose of Disbursement				•	175.44
	Office Furniture					Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Category/ Type	11 C.F.R. 400.53
	Office Sought: House	Disbursem	nent For:	2006		
	Senate	ΧI	Primary	General		
	President		Other (spe	cify)		
_	State: District:					
s	UBTOTAL of Disbursements This Page (o	optional)				577.97

SCHEDULE B (FEC Form 3)		FOR LINE NUMBER: PAGE 44 / 127
ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
		any person for the purpose of solicating contributions mittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	e frame and address of any political com	inititee to solicit contributions from such confinititee
Tim Mahoney for Florida		
Full Name (Last, First, Middle Initial) A. Aaron Rents		Transaction ID: D132324 Date of Disbursement
Mailing Address 1772 N Military Trl		08 8 7 0 3 7 2 0 0 6
City West Palm Beach	State Zip Code FL 33409-4714	Amount of Each Disbursement this Period
Purpose of Disbursement Office Furniture		791.01 Refund or Disposal of Excess
Candidate Name	-	Attegory/ Type Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Discontinuous Senate President	sbursement For: 2006 X Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) B. Adobe System		Transaction ID: D132325 Date of Disbursement
Mailing Address 345 Park Ave		07 7 18 7 2006
City San Jose	State Zip Code CA 95110-2704	Amount of Each Disbursement this Period
Purpose of Disbursement Office Expenses		9.99 Refund or Disposal of Excess
Candidate Name	-	Ategory/ Type Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Di Senate President	sbursement For: 2006 X Primary General	
State: District:	Other (specify)	
Full Name (Last, First, Middle Initial)		Transaction ID: D132326
C. Adobe System		Date of Disbursement
Mailing Address 345 Park Ave		08 8 7 16 7 2006
City San Jose	State Zip Code CA 95110-2704	Amount of Each Disbursement this Period
Purpose of Disbursement	1	9.99
Office Expenses		Refund or Disposal of Excess
Candidate Name	-	ategory/ Type Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Di Senate President	sbursement For: 2006 X Primary General Other (specify) ▼	
State: District:		
SUBTOTAL of Disbursements This Page (opt	ional)	810.99

S	CHEDULE B (F	EC Form 3) _			- 1	FOR LINE	NIIMRE	R·			PAG	E 45	1/ 127
	EMIZED DISB				erate schedule(s) category of the		(check onl	y one)			_		5	, 161
•		J. 10 1		Detailed :	Summary Page		-	X 17 20a	Н	18 20b	Н	19a 20c	19 21	
	y Information copied fro for commercial purpose													
\setminus	NAME OF COMMITT	EE (In Full)												
Z	Tim Mahoney for F	Torida												
^	Full Name (Last, First	Middle Initial)										32329		
Α.	Alfred Reiger								of Di	sburs		it	V . V	/ · V
	-	675NW 4th Ave pt. 511	enue					0 7	IVI /		5	Ĺ	žοč	6
	City Boca Raton		Sta Fl		Zip Code 33432			Amo	unt of	Each	Disk	ursem	ent this	s Period
	Purpose of Disbursem	nent				Г	•							0.00
	Candidate Name					C	ategory/					al of E quired I		
							Type	1	1 C.F	.R. 40	00.53			
	Office Sought:	House	Disburseme		2006									
		Senate President		rimary Other (spe	General									
	State: Dis	trict:		т.то. (оро	(S y) ∀									
_	Full Name (Last, First	Middle Initial)						Trans	sactio	on ID	: D10	32330		
В.	Amerwest Air									sburs		it		
	Mailing Address 2	N La Salle St						0 ^M 7	M /	^D 2	2 0	/ Y	žοč	6 °
	City		Sta IL	ate	Zip Code 60602-3702			Amo	unt of	Each	Disk	ursem	ent this	s Period
	Chicago Purpose of Disbursem	nent	IL		00002-3702								234	4.30
	Airline Travel-Staff	ion										al of E		
	Candidate Name					С	ategory/ Type			ution .R. 40		quired l	Jnder	
	Office Sought:	House	Disburseme		2006									
		Senate President		rimary Other (spe	General									
	State: Dis	strict:		raioi (opo	(Sily) \									
_	Full Name (Last, First	Middle Initial)						Trans	sactio	on ID	: D13	32331		
C.	Amerwest Air									sburs		ıt		
	Mailing Address 2	N La Salle St						0 ^M 7	М /	^D 2	2 5	/ L	žoč	6 6 Y
	City Chicago		Sta IL		Zip Code 60602-3702			Amoi	unt of	Each	Disk	ursem	ent this	s Period
	Purpose of Disbursem	nent				Г	• •					=	-	2.80
	Candidate Name					С	ategory/ Type		ontrib		s Re	al of E quired l		
	Office Sought:	House	Disburseme		2006									
		Senate		rimary	General									
	State: Dis	President trict:		ther (spe	есіту) 🔻									
	Cidio.													

SUBTOTAL of Disbursements This Page (optional)

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	CHEDULE B (FEC Form 3	-	Use sepe	erate schedule(s)	FOR LIN (check or	E NUMBER: PAGE 46 / 127
IT	EMIZED DISBURSEMEN	ΓS		category of the Summary Page	(CHECK O	
			Detailed	Summary Fage		20a 20b 20c 21
						n for the purpose of solicating contributions solicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)					
/	Tim Mahoney for Florida					
<u></u>	Full Name (Last, First, Middle Initial)					Transaction ID: D132336
A.	Auburn Quad Inc. (ActBlue)					Date of Disbursement
	Mailing Address PO Box 390729					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Cambridge		State MA	Zip Code 02139-0008		Amount of Each Disbursement this Period
	Purpose of Disbursement ActBlue Service Fee				v v	16.80 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburser	ment For: Primary	2006 General		_
	President		Other (spe			
	State: District:					
В.	Full Name (Last, First, Middle Initial) Auburn Quad Inc. (ActBlue)					Transaction ID: D132337 Date of Disbursement
	Mailing Address PO Box 390729					07
	City		State	Zip Code		Amount of Each Disbursement this Period
	Cambridge	ſ	MA	02139-0008		48.25
	Purpose of Disbursement ActBlue Service Fee					Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburser	nent For: Primary	2006 General		
	President		Other (spe			
	State: District:					
_	Full Name (Last, First, Middle Initial)					Transaction ID: D138185
O.	Auburn Quad Inc. (ActBlue)					Date of Disbursement
	Mailing Address PO Box 390729					08 M / D D V Y Y Y O O O O
	City Cambridge		State MA	Zip Code 02139-0008		Amount of Each Disbursement this Period
	Purpose of Disbursement Act Blue Service Fee					87.06 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser		2006		
	Senate President	X	Primary Other (spe	General		
	State: District:		Outer (Spe	;ony) ▼		
						15011
I۹	IIRTOTAL of Dishursements This Page	(ontional)				152.11

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	CHEDULE B (FEC Form 3	Use sep	erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 47 / 127
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	1 `	X 17
		Detailed	ourillary rage		20a 20b 20c 21
	y Information copied from such Reports an for commercial purposes, other than using				
\setminus	NAME OF COMMITTEE (In Full)				
/	Tim Mahoney for Florida				
	Full Name (Last, First, Middle Initial)				Transaction ID: D138186
A.	Auburn Quad Inc. (ActBlue)				Date of Disbursement
	Mailing Address PO Box 390729				07
	City Cambridge	State MA	Zip Code 02139-0008		Amount of Each Disbursement this Period
	Purpose of Disbursement Act Blue Service Fee				32.75 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		Disbursement For:	2006	. , , , ,	
	Senate President	X Primary Other (spe	General ecify) ▼		
	State: District:		, ,		
_	Full Name (Last, First, Middle Initial)				Transaction ID: D138187
В.	Auburn Quad Inc. (ActBlue)				Date of Disbursement
	Mailing Address PO Box 390729				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}^Y $
	City	State	Zip Code		Amount of Each Disbursement this Period
	Cambridge Purpose of Disbursement	MA	02139-0008		5.15
	Act Blue Servce Fee				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disbursement For: X Primary	2006 General		
	President	Other (spe			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Auburn Quad Inc. (ActBlue)				Transaction ID: D138188 Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address PO Box 390729				07 09 2006
	City Cambridge	State MA	Zip Code 02139-0008		Amount of Each Disbursement this Period
	Purpose of Disbursement Act Blue Service Fee			•	26.08 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	• 🗎	Disbursement For:	2006	71	
	Senate President	X Primary	General		
	State: District:	Other (spe	suiy) ♥		
					00.00
S	UBTOTAL of Disbursements This Page (c	ptional)			63.98

A. Auburn Quad Inc. (ActBlue) Mailing Address PO Box 390729 City State Zip Code Cambridge MA 02139-0008 Purpose of Disbursement Act Blue Service Fee Candidate Name Category/ Category/ Date of Di O 7 Amount of Category/ Category/	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution. NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Auburn Quad Inc. (ActBlue) Mailing Address PO Box 390729 City Cambridge Purpose of Disbursement Act Blue Service Fee Candidate Name Refunction Contribution Transaction Date of Diagram Amount of Category/ Category/ Category/	e of solicating contributions ons from such committee on ID: D138189 sbursement D D D Y Y Y Y O O 6 Each Disbursement this Period 3.40 If or Disposal of Excess outions Required Under
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Auburn Quad Inc. (ActBlue) Mailing Address PO Box 390729 City State Zip Code On MA 02139-0008 Purpose of Disbursement Act Blue Service Fee Candidate Name Refunction Contribution Category/	Each Disbursement this Period 3.40 To Disposal of Excess putions Required Under
A. Auburn Quad Inc. (ActBlue) Mailing Address PO Box 390729 City State Zip Code Cambridge MA 02139-0008 Purpose of Disbursement Act Blue Service Fee Candidate Name Refunc Contribution Contribution Category/	Each Disbursement this Period 3.40 I or Disposal of Excess putions Required Under
Cambridge MA 02139-0008 Purpose of Disbursement Act Blue Service Fee Candidate Name MA 02139-0008 Refunction Contribution Contributi	3.40 I or Disposal of Excess outions Required Under
Act Blue Service Fee Candidate Name Category/ Category/	I or Disposal of Excess outions Required Under
Office Sought: House	
B. Bank of America Date of Di	on ID: D132339 sbursement
Mailing Address 9000 Southside Blvd	^D 3 1
City State Zip Code Amount of Jacksonville FL 32256-0793	Each Disbursement this Period
Purpose of Disbursement	3.00
Candidate Name Category/ Contrib	d or Disposal of Excess outions Required Under .R. 400.53
Office Sought: House Disbursement For: 2006	
State: District:	
C. Bank of America Date of Di	on ID: D132284 sbursement
Mailing Address 9000 Southside Blvd	15 / 2006
City State Zip Code Amount of Jacksonville FL 32256-0793	Each Disbursement this Period
Purpose of Disbursement 56-2535201 941 2nd Qrt	1948.00 I or Disposal of Excess
Candidate Name Category/ Contrib	utions Required Under .R. 400.53
Office Sought: House Disbursement For: 2006 Senate X Primary General President Other (specify) ▼	
State: District:	

	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check only						
П	EMIZED DISBURSEMENTS		category of the Summary Page	l `	X 17					
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	for commercial purposes, other than using the nam									
Λ	NAME OF COMMITTEE (In Full)									
V	Tim Mahoney for Florida									
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: D132285					
Α.	Bank of America				Date of Disbursement					
	Mailing Address 9000 Southside Blvd				$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 5 \\ 1 & 5 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 2 \\ 1 & 2 & 0 & 0 \\ 0 & 6 & M \end{bmatrix}$					
	City Jacksonville	State FL	Zip Code 32256-0793		Amount of Each Disbursement this Period					
	Purpose of Disbursement	· -			112.00					
	56-2535201 940 1st Qrt Candidate Name			0.11	Refund or Disposal of Excess Contributions Required Under					
	Candidate Name			Category/ Type	11 C.F.R. 400.53					
	9 🗎 –	ement For:	2006							
	Senate X President	Primary Other (spe	General (cifv) ▼							
	State: District:		- 3 / \							
	Full Name (Last, First, Middle Initial)				Transaction ID: D132286					
В.	Bank of America				Date of Disbursement					
	Mailing Address 9000 Southside Blvd		08 0 1 7 2 0 0 6							
	City	State	Zip Code		Amount of Each Disbursement this Period					
	Jacksonville Purpose of Disbursement	FL	32256-0793		25.00					
	Wire Fee				Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
		ement For: Primary	2006							
	President	Other (spe	General cify) ▼							
	State: District:									
C.	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: D132287					
-					Date of Disbursement					
	Mailing Address 9000 Southside Blvd				$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 1 & 5 & 5 \\ 0 & 1 & 5 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 0 & 0 & 6 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$					
	City Jacksonville	State FL	Zip Code 32256-0793		Amount of Each Disbursement this Period					
	Purpose of Disbursement Wire Fee			-	25.00 Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
		ement For:	2006	- •						
	Senate X President	Primary Other (spe	General							
_	State: District:		-]/ ▼							
s	UBTOTAL of Disbursements This Page (optional)				162.00					
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50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		E NUMBER: PAGE 50 / 127					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17					
	y Information copied from such Reports and State for commercial purposes, other than using the nan								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	Tim Mahoney for Florida								
_	Full Name (Last, First, Middle Initial)			Transaction ID: D132340					
A.	Best Western			Date of Disbursement					
	Mailing Address 300 Re Esplanade			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 8 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & O & 0 & 6 \end{bmatrix}$					
	City	State Zip Code		Amount of Each Disbursement this Period					
	Punta Gorda	FL 33950							
	Purpose of Disbursement Punta Gorda			109.89 Refund or Disposal of Excess					
	Candidate Name		Category/	Contributions Required Under					
			Туре	11 C.F.R. 400.53					
	, H	sement For: 2006							
	Senate President	C Primary General Other (specify) ▼							
	State: District:	Other (specify)							
	Full Name (Last, First, Middle Initial)			Transaction ID: D132341					
В.	Buongiorno Pizza			Date of Disbursement					
	Mailing Address 4379 Northlake Blvd			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$					
	City Palm Beach Gardens	State Zip Code FL 33410-6253		Amount of Each Disbursement this Period					
	Purpose of Disbursement Palm Bch Gardens	· · ·	58.00						
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under					
			Type	11 C.F.R. 400.53					
	ÿ	sement For: 2006 C Primary General							
	President	Other (specify)							
	State: District:	- (open.)) \							
	Full Name (Last, First, Middle Initial)			Transaction ID: D132342					
C.	Catering By Windows			Date of Disbursement					
	Mailing Address 5724 General Washingt	on Dr		$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}7^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}8\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}0\end{smallmatrix}6^Y$					
	City	State Zip Code		Amount of Each Disbursement this Period					
	Alexandria	VA 22312-2407							
	Purpose of Disbursement		1206.65						
	Catering			Refund or Disposal of Excess Contributions Required Under					
	Candidate Name		Category/ Type	11 C.F.R. 400.53					
	· -	sement For: 2006							
		C Primary General							
	President State: District:	Other (specify) ▼							
Г	Diotriot.								
s	UBTOTAL of Disbursements This Page (optional)			1374.54					

C.					_		
	CHEDULE B (FEC Form 3	-		erate schedule(s)	FOR LIN (check or	E NUMBER: PAGE 51 / 127	
IT	EMIZED DISBURSEMEN	ΓS		category of the Summary Page	(Cricon of	X 17	
						n for the purpose of solicating contributions solicit contributions from such committee	
\vdash	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Tim Mahoney for Florida						
A.	Full Name (Last, First, Middle Initial) Cingular Wireless					Transaction ID: D132343 Date of Disbursement	
	Mailing Address 5565 Glenridge	Connecto	r NE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Atlanta		State GA	Zip Code 30342-4756		Amount of Each Disbursement this Period	
	Purpose of Disbursement Cellular					95.29 Refund or Disposal of Excess	
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President		Primary	2006 General			
	State: District:		Other (spe	city) 🔻			
_	Full Name (Last, First, Middle Initial)					Transaction ID: D132344	
B.	Constant Contact					Date of Disbursement	
	Mailing Address 1610 Trapelo R Ste 329						
	City Waltham		State VIA	Zip Code 02451-7344		Amount of Each Disbursement this Period 55.00	
	Purpose of Disbursement Email Software		Refund or Disposal of Excess				
	Candidate Name		Category/ Type	11 C.F.R. 400.53			
	Office Sought: House Senate		Primary	2006 General			
	State: President District:		Other (spe	cify) 🔻			
C.	Full Name (Last, First, Middle Initial) CPT of South Florida					Transaction ID: D132345 Date of Disbursement	
	Mailing Address 2699 Stirling Ro	I				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Ft Lauderdale		State =L	Zip Code 33312-6543		Amount of Each Disbursement this Period	
	Purpose of Disbursement					1098.05	
	Computer Consulting Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate	Disburser	nent For: Primary	2006 General	- 7100		
	President State: District:		Other (spe				
l e	UBTOTAL of Disbursements This Page	(ontional)				1248.34	
ı	CDICIAL OI DISDUISEITIETIIS TITIS Fage	(optional)			······		

SCHEDULE B (FEC Form 3	Use seperate schedule(s)	R LINE NUMBER: PAGE 52 / 127 eck only one)
ITEMIZED DISBURSEMENTS	Tor each category of the Detailed Summary Page	X 17
		person for the purpose of solicating contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		
Tim Mahoney for Florida		
Full Name (Last, First, Middle Initial) A. Daniel Mandell		Transaction ID: D132308 Date of Disbursement
Mailing Address 15310 Meadow W	ood Dr	077 7 0 5 7 2 0 0 6
City Wellington	State Zip Code FL 33414-9005	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consulting		1000.00 Refund or Disposal of Excess
Candidate Name	Catego Type	11 C E D 400 E9
Office Sought: House Senate President State: District:	Disbursement For: 2006 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial)		Transaction ID: D132310
3. Daniel Mandell		Date of Disbursement
Mailing Address 15310 Meadow W	ood Dr	077 / 15 / Y 2006
City Wellington	State Zip Code FL 33414-9005	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Expense		825.50 Refund or Disposal of Excess
Candidate Name	Catego Type	Contributions Required Under
Office Sought: House Senate President State: District:	Disbursement For: 2006 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Daniel Mandell		Transaction ID: D132311 Date of Disbursement
Mailing Address 15310 Meadow W	ood Dr	08 7 0 1 7 2 0 0 6
City Wellington	State Zip Code FL 33414-9005	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Expense		825.50 Refund or Disposal of Excess
Candidate Name	Catego Type	
Office Sought: Senate President State: District:	Disbursement For: 2006 X Primary General Other (specify)	
SUBTOTAL of Disbursements This Page (o	otional)	2651.00
TOTAL This Period (last page this line numb		>

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	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check only							
IT	EMIZED DISBURSEMENTS		category of the Summary Page	l `	X 17						
_					20a 20b 20c 21						
	y Information copied from such Reports and S for commercial purposes, other than using the										
Λ	NAME OF COMMITTEE (In Full)										
/	Tim Mahoney for Florida										
_	Full Name (Last, First, Middle Initial)				Transaction ID: D132313						
Α.	Daniel Mandell				Date of Disbursement						
	Mailing Address 15310 Meadow Woo	od Dr			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Wellington	State FL	Zip Code 33414-9005		Amount of Each Disbursement this Period						
	Purpose of Disbursement				825.50						
	Payroll Expense Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under						
				Type	11 C.F.R. 400.53						
	Office Sought: House Dis	bursement For: X Primary	2006 General								
	President	Other (spe									
	State: District:										
В.	Full Name (Last, First, Middle Initial)				Transaction ID: D132346						
ъ.	David Nasr				Date of Disbursement						
	Mailing Address 7050 Aliso Ave		08 01 2006								
	City	State	Zip Code 33413-1040		Amount of Each Disbursement this Period						
	West Palm Beach Purpose of Disbursement	FL		1345.12							
	Payroll Expense				Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Dis	bursement For: X Primary	2006 General								
	President	Other (spe									
	State: District:										
C.	Full Name (Last, First, Middle Initial) David Nasr				Transaction ID: D132347 Date of Disbursement						
	Mailing Address 7050 Aliso Ave				$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 5 \\ 0 & 1 & 5 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 0 & 0 & 6 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$						
	City West Palm Beach	State FL	Zip Code 33413-1040		Amount of Each Disbursement this Period						
	Purpose of Disbursement			· ·	1345.13						
	Payroll Expense Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under						
	015-10-11-1		0000	Туре	11 C.F.R. 400.53						
	Office Sought: House Dis	bursement For: X Primary	2006 General								
	President	Other (spe									
_	State: District:										
s	UBTOTAL of Disbursements This Page (option	onal)		>	3515.75						

C		\								
	CHEDULE B (FEC Form 3	Use seperate schedule(s)			FOR LINE (check onli	NUMBER: PAGE 54 / 127				
IT	EMIZED DISBURSEMENT	for each category of the Detailed Summary Page			_ i ` _	X 17				
			Detailed 3	bullillary Fage		20a 20b 20c 21				
	y Information copied from such Reports a for commercial purposes, other than using									
Λ	NAME OF COMMITTEE (In Full)									
17	Tim Mahoney for Florida									
\mathbb{L}	Full Name (Last First Middle Initial)									
A.	Full Name (Last, First, Middle Initial) Mr. Earl L. Denney, Jr.					Transaction ID: D132243 Date of Disbursement				
	Mailing Address 2127 Regents BI	vd				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$				
	City West Palm Bch		State FL	Zip Code 33409-7302		Amount of Each Disbursement this Period				
	Purpose of Disbursement Mailing - Above & Beyond Reprograph					212.62 Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President		ment For: Primary Other (spec	2006 General		* in-kind received				
	State: District:		(-p	···// •						
	Full Name (Last, First, Middle Initial)					Transaction ID: D132348				
В.	Digital Office Connections					Date of Disbursement				
	Mailing Address 6250 N Military 7 Suire 101		$\begin{bmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & O & O & O \\ Y & Y & O & O & O \end{bmatrix}$							
	City		State	Zip Code		Amount of Each Disbursement this Period				
	West Palm Beach	ŀ	FL	33407-1407		115.02				
	Purpose of Disbursement Copier Maintenance					Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	2006 General						
	State: District:									
C.	Full Name (Last, First, Middle Initial)					Transaction ID: D132349				
C.	Digital Office Connections					Date of Disbursement				
	Mailing Address 6250 N Military 7 Suire 101	⁻ rl				08 M / 01 / Y 2006 Y				
	City West Palm Beach		State FL	Zip Code 33407-1407		Amount of Each Disbursement this Period				
	Purpose of Disbursement					678.00				
	Copier Lease Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President		ment For: Primary Other (spec	2006 General	76-2					
	State: District:		Outer (Sher	ν·· y / ▼						
S	UBTOTAL of Disbursements This Page (optional)				1005.64				

S	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)	_	E NUMBER:	PAGE 55 / 127					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on	X 17] 19a					
					20a 20b	20c 21					
	y Information copied from such Reports and Sta for commercial purposes, other than using the na										
\setminus	NAME OF COMMITTEE (In Full)										
\backslash	Tim Mahoney for Florida										
A.	Full Name (Last, First, Middle Initial) Dixie Printing & Letterpress Inc				Transaction ID: D Date of Disbursem	ent					
	Mailing Address 504 24th St Ste I				07 17	2006					
	City West Palm Beach	State FL	Zip Code 33407-5464		Amount of Each D	isbursement this Period					
	Purpose of Disbursement Invoice #607023				Refund or Disp						
	Candidate Name			Category/ Type	Contributions F 11 C.F.R. 400.						
	Office Sought: House Disbu Senate President State: District:	X Primary Other (spe	2006 General								
В.	Full Name (Last, First, Middle Initial) Domain Listing Corp.				Transaction ID: D Date of Disbursem						
	Mailing Address 27 N Wacker Dr Ste 650				07 17	2 0 0 6					
	City Chicago	State IL	Zip Code 60606-2800		Amount of Each Disbursement this Periods						
	Purpose of Disbursement Website Expense				Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Senate President	x Primary Other (spe	2006 General ecify) ▼								
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D						
Ο.	Duffys Draft House Mailing Address 4280 Northlake Blvd				Date of Disbursem						
		Chaha	7in Onda								
	City Palm Beach Gardens	State FL	Zip Code 33410-6224		Amount of Each D	isbursement this Period					
	Purpose of Disbursement Staff Lunch Expense				Refund or Disp						
	Candidate Name			Category/ Type	Contributions F						
	Office Sought: House Disbu Senate President State: District:	rsement For: X Primary Other (spe	2006 General								
s	UBTOTAL of Disbursements This Page (option	al)				361.49					
	OTAL This Period (last page this line number or										

11age# 2030000023		
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 127 (check only one) X 17
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person for the purpose of solicating contributions
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida		
Full Name (Last, First, Middle Initial) A. Duffys Draft House Mailing Address 4280 Northlake Blvd		Transaction ID: D132353 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code FL 33410-6224	Amount of Each Disbursement this Period 10.32 Refund or Disposal of Excess
	ment For: 2006 Primary General Other (specify)	ategory/ Type Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Exxon Mailing Address PO Box 43008		Transaction ID: D132354 Date of Disbursement M M M / D D D / Y Y Y O O O O
Providence Purpose of Disbursement Gasoline Candidate Name Office Sought: House Disburse	State Zip Code RI 02940-3008 ment For: 2006 Primary General Other (specify)	Amount of Each Disbursement this Period 57.96 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Fedex Mailing Address 12050 US Highway One		Transaction ID: D132355 Date of Disbursement O7
North Palm Beach Purpose of Disbursement Postage Candidate Name Office Sought: House Disburse	State Zip Code FL 33408 ment For: 2006 Primary General Other (specify)	Amount of Each Disbursement this Period 48.66 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) .		116.94

S	CHEDULE B (FEC Form 3)	FOR LINE NUMBER: PAGE 57									
	EMIZED DISBURSEMENTS		ate schedule(s)	(check onl							
		Detailed S	ummary Page		X 17 18 19a 19b 20a 20b 20c 21						
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										
\setminus	NAME OF COMMITTEE (In Full)										
V	Tim Mahoney for Florida										
Α.	Full Name (Last, First, Middle Initial) Fedex				Transaction ID: D132356 Date of Disbursement						
	Mailing Address 12050 US Highway One				077 / 05 / 2006						
	City North Palm Beach	State FL	Zip Code 33408		Amount of Each Disbursement this Period						
	Purpose of Disbursement Postage			· ·	37.90 Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Senate X President	ement For: Primary Other (spec	2006 General								
	State: District:										
В.	Full Name (Last, First, Middle Initial) Fedex				Transaction ID: D132357 Date of Disbursement						
	Mailing Address 12050 US Highway One				07 11 2006						
	City North Palm Beach	State FL	Zip Code 33408		Amount of Each Disbursement this Period						
	Purpose of Disbursement Postage	13.41 Refund or Disposal of Excess									
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53							
	• 🗎 –	ement For: Primary Other (spec	2006 General								
	State: District:										
C.	Full Name (Last, First, Middle Initial) Fedex				Transaction ID: D132358 Date of Disbursement						
	Mailing Address 12050 US Highway One				$\begin{bmatrix} M & M $						
	City North Palm Beach	State FL	Zip Code 33408		Amount of Each Disbursement this Period						
	Purpose of Disbursement Postage			•	251.05 Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	9	ement For: Primary Other (spec	2006 General								
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional)				302.36						

nag	e# 26930568327							
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check onl	X 17 18 19a 19b				
An	y Information copied from such Reports and Sta	ements may not be sold or used	d by any person	20a 20b 20c 21 for the purpose of solicating contributions				
or	for commercial purposes, other than using the na	me and address of any political	I committee to so	olicit contributions from such committee				
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida							
	Full Name (Last, First, Middle Initial)			Transaction ID: D132359				
A.	Fedex			Date of Disbursement				
	Mailing Address 12050 US Highway On	$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$						
	City	State Zip Code		Amount of Each Disbursement this Period				
	North Palm Beach							
	Purpose of Disbursement		259.57					
	Postage Candidate Name		Cotogony	Refund or Disposal of Excess Contributions Required Under				
	Candidate Name		Category/ Type	11 C.F.R. 400.53				
	Office Sought: House Disbut Senate President	sement For: 2006 X Primary General Other (specify)	,					
	State: District:							
В.	Full Name (Last, First, Middle Initial) Fedex			Transaction ID: D132360 Date of Disbursement				
	Mailing Address 12050 US Highway Or	07 12 7 2006						
	City North Palm Beach		Amount of Each Disbursement this Period 33.90					
	Purpose of Disbursement Postage							
	Candidate Name	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Senate	rsement For: 2006 X Primary General						
	State: President District:	Other (specify)						
	Full Name (Last, First, Middle Initial)			Transaction ID: D132361				
C.	Fedex			Date of Disbursement				
	Mailing Address 12050 US Highway On		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City	City State Zip Code						
	North Palm Beach	FL 33408		105 50				
	Purpose of Disbursement Postage			125.50 Refund or Disposal of Excess				
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disbut Senate President	sement For: 2006 X Primary General Other (specify)						
	State: District:							

SUBTOTAL of Disbursements This Page (optional)

	5# 20930300320							
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the			PAGE 59 / 127		
••	LIMIZED DIODONOLIMENTO	Detailed Summary Page			X 17 18 20a 20b	19a 19b 20c 21		
	y Information copied from such Reports and for commercial purposes, other than using th							
\setminus	NAME OF COMMITTEE (In Full)							
	Tim Mahoney for Florida							
_	Full Name (Last, First, Middle Initial)				Transaction ID:	D132362		
Α.	Fedex				Date of Disburse			
	Mailing Address 12050 US Highway	One			07 1	2 7 2006		
	City North Palm Beach	State Zip Code FL 33408			Amount of Each	Disbursement this Period		
	Purpose of Disbursement		T	•	L	243.82		
	Postage				Refund or Di	sposal of Excess		
	Candidate Name		C	Category/ Type	Contributions 11 C.F.R. 40	Required Under 0.53		
	Senate	sbursement For: 2006 X Primary Genera	ıl					
	President State: District:	Other (specify)						
_	Full Name (Last, First, Middle Initial)							
В.	Fedex				Transaction ID: Date of Disburse	ement		
	Mailing Address 12050 US Highway	One			07 1	7 2006		
	City North Palm Beach	State Zip Code FL 33408			Amount of Each	Disbursement this Period		
	Purpose of Disbursement					21.40		
	Postage		4 L			sposal of Excess		
	Candidate Name		С	Category/ Type	11 C.F.R. 40	s Required Under 0.53		
	ÿ	sbursement For: 2006						
	Senate President	X Primary General Other (specify) ▼	ll .					
	State: District:	Other (specify)						
_	Full Name (Last, First, Middle Initial)				Transaction ID:	D132364		
C.	Fedex				Date of Disburse	ement		
	Mailing Address 12050 US Highway	One			07 1	7 2006		
	City North Palm Beach	State Zip Code FL 33408			Amount of Each	Disbursement this Period		
	Purpose of Disbursement Postage		Т	•		37.36		
	Candidate Name		- C	Category/	Contributions 11 C.F.R. 40	sposal of Excess Required Under 0.53		
		sbursement For: 2006	-					
	Senate	X Primary Genera	al					
	President State: District:	Other (specify)						
	otate. District.							

SUBTOTAL of Disbursements This Page (optional)

nage	e# 26930568329														
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS				Use seperate schedule(s) for each category of the Detailed Summary Page			(check only	NUMBER: ly one) X 17 18					PAGE	60 /	127
				Dotanoa	cummary rago			20a		20b	r	7 20	0c	21	
		ed from such Reports a rposes, other than usin													IS
\setminus	NAME OF COM	MITTEE (In Full)													
	Tim Mahoney	for Florida													
	Full Name (Last,	First, Middle Initial)						Transaction ID: D132365							
A.	Fedex							Date of Disbursement							
	Mailing Address 12050 US Highway One								$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} D \\ I \end{smallmatrix} 7^{D} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \end{smallmatrix} 0 6 6^{Y} \end{bmatrix}$						
	City State Zip Code							Amount of Each Disbursement this Period							
	North Palm Beach FL 33408								-	-	-	-			
	Purpose of Disbursement													22.	39
	Postage					Ļ							of Exc ired U		
	Candidate Name						ategory/ Type			F.R. 4			iii eu o	iluei	
	Office Sought:	House	Disburser	ment For:	2006		71								
	o o	Senate	X	Primary	General										
		President		Other (spe	ecify) 🔻										
	State:	District:													
ь	Full Name (Last, First, Middle Initial)							Trai	ısac	tion IE):[0132	2366		
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	Mailing Address 12050 US Highway One							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City State Zip Code North Palm Beach FL 33408							Amount of Each Disbursement this Period 20.09						-	
	Purpose of Disbursement						•							_	09
	Postage Candidate Name						ategory/	Refund or Disposal of Excess Contributions Required Under							
	Gandidate Name						Type			.F.R. 4					
	Office Sought:	House	Disburser	ment For:	2006										
	_	Senate	X	Primary	General										
		President		Other (spe	ecify) 🔻										
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C.	, ,	First, Middle Initial)								tion IE		_	2367		
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	Mailing Address 12050 US Highway One							o ^M	7 ^M	/ D	2 4	1 /	Y	ž 0 ŏ (3 [*]
	City State Zip Code							Amo	ount	of Eac	h [Disbu	rseme	nt this	Period
	North Palm Be			FL	33408									19.	19
	Purpose of Disbursement						•		D of u	nd or F)io	noool	of Ev	_	43
	Postage Candidate Name						ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Office Sought:	House	Disburser	ment For:	2006										
	-	Senate		Primary	General										
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SUBTOTAL of Disbursements This Page (optional)

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	CHEDULE B (FEC Form 3)	Use sepera	ate schedule(s)	FOR LINE I		PAGE 61 / 127		
11	EMIZED DISBURSEMENTS	Detailed Su	for each category of the Detailed Summary Page		17 18 20a 20b	19a 19b 20c 21		
	y Information copied from such Reports and for commercial purposes, other than using the							
\setminus	NAME OF COMMITTEE (In Full)							
	Tim Mahoney for Florida							
_	Full Name (Last, First, Middle Initial)				Transaction ID: D	132368		
Α.	Fedex				Date of Disbursement of 7			
	Mailing Address 12050 US Highway	One			0 / 2 4	2 0 0 6		
	City North Palm Beach		Zip Code 33408		Amount of Each Di	sbursement this Period		
	Purpose of Disbursement					21.40		
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	Candidate Name			Category/ Type	Contributions R 11 C.F.R. 400.5			
	Office Sought: House D Senate	isbursement For: X Primary	2006 General					
	President	Other (speci						
	State: District:							
_	Full Name (Last, First, Middle Initial)				Transaction ID: D	132369		
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	City North Palm Beach		Zip Code 33408		Amount of Each Di	sbursement this Period		
	Purpose of Disbursement				L	48.55		
	Postage				Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions R 11 C.F.R. 400.5			
	ÿ	isbursement For:	2006					
	Senate	X Primary	General					
	State: President District:	Other (speci	ıy) ▼					
	Full Name (Last, First, Middle Initial)				Transaction ID: D	132370		
C.	Fedex				Date of Disbursem			
	Mailing Address 12050 US Highway	One One			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	⁷ 2006		
	City North Palm Beach		Zip Code 33408		Amount of Each Di	sbursement this Period		
	Purpose of Disbursement		Г			19.49		
	Postage Candidate Name			Category/ Type	Refund or Disponent Contributions R 11 C.F.R. 400.5	equired Under		
	Office Sought: House D	isbursement For:	2006					
	Senate	X Primary	General					
	President	Other (speci	fy) 🔻					
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SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 62 / 127 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Transaction ID: D132371 Fedex Date of Disbursement 3 1 2006 Mailing Address 12050 US Highway One City State Zip Code Amount of Each Disbursement this Period North Palm Beach 33408 FL 83.24 Purpose of Disbursement Postage Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D132372 Fedex Date of Disbursement 0 3้ o‴8 2006 Mailing Address 12050 US Highway One City State Zip Code Amount of Each Disbursement this Period North Palm Beach 33408 FL 57.49 Purpose of Disbursement Postage Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2006 House Disbursement For: Senate X Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D132373 C. Fedex Date of Disbursement 2006 Mailing Address 12050 US Highway One City State Zip Code Amount of Each Disbursement this Period North Palm Beach FL 33408 9.80 Purpose of Disbursement Postage Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: 2006 Senate X Primary General President Other (specify) State: District: 150.53 SUBTOTAL of Disbursements This Page (optional) ...

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	y Information copied from such Reports and Sta for commercial purposes, other than using the n				for the purpose of solicating contributions		
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida						
Α.	Full Name (Last, First, Middle Initial) Fedex				Transaction ID: D132374 Date of Disbursement N M D D V Y Y Y Y Y Y Y Y Y		
	Mailing Address 12050 US Highway O	ne State	Zip Code		Amount of Each Disbursement this Period		
	North Palm Beach Purpose of Disbursement Postage Candidate Name	FL	33408	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: Senate President State: Disbute	X Primary Other (spe	2006 General	Туре			
В.	Full Name (Last, First, Middle Initial) Fedex				Transaction ID: D132375 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 12050 US Highway O		Amount of Each Disbursement this Period				
	North Palm Beach		11.31				
	Purpose of Disbursement Postage Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Senate President	x Primary Other (spe	2006 General	- 71			
<u> </u>	State: District: Full Name (Last, First, Middle Initial) Fedex				Transaction ID: D132376 Date of Disbursement		
	Mailing Address 12050 US Highway O		08 14 7 2006				
	City North Palm Beach	State FL	Zip Code 33408		Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disbu Senate President	rsement For: X Primary Other (spe	2006 General	Type	11 C.F.R. 400.53		
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) Fedex Mailing Address 12050 US Highway One			Transaction ID: D132377 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City North Palm Beach	State Zip Code FL 33408		Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Senate X President	ement For: 2006 Primary General Other (specify)	Туре			
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В.	Full Name (Last, First, Middle Initial) Fedex			Transaction ID: D132378 Date of Disbursement		
	Mailing Address 12050 US Highway One	$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 4 \\ 0 & 1 & 4 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 1 & 1 \\ 0 & 2 & 1 & 1 \end{bmatrix}$				
		State Zip Code FL 33408		Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage		Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate X President	ement For: 2006 Primary General Other (specify)				
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C.	Full Name (Last, First, Middle Initial) Fedex			Transaction ID: D132379 Date of Disbursement		
	Mailing Address 12050 US Highway One			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & G & Y \\ 2 & 0 & 0 & 6 & Y \end{bmatrix}$		
		State Zip Code FL 33408		Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage		61.33 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	· — —	ement For: 2006 Primary General Other (specify)				
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
3.	Nashville Purpose of Disbursement Media Consulting Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Fletcher Rowley Chao Riddle, Inc. Mailing Address 223 8th Ave N Ste 300 City Nashville	State Zip Code TN 37203-3513 ment For: 2006 Primary General Other (specify) State Zip Code TN 37203-3513	Category/ Type	Transaction ID: D132380 Date of Disbursement M M M / D D D / Y Y O D D O D O D O D O D O D O D O D O
	Senate X President	ment For: 2006 Primary General Other (specify)	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
С.	Sarasota Purpose of Disbursement Gift Basket Candidate Name Office Sought: House Senate X President	State Zip Code FL 34231-6840 ment For: 2006 Primary General Other (specify)	Category/ Type	Transaction ID: D132382 Date of Disbursement M M M / D D D / Y Y Y O O O O O Amount of Each Disbursement this Period 66.27 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
_	State: District:			120601.86
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Λ	NAME OF COMMITTEE (In Full)												
V	Tim Mahoney for Florida												
Α.	Full Name (Last, First, Middle Initial) Floribbean Flo's					Trans				_		33	
	Floriobean Flo's					Date	_	/ D	,	D	ι / 🗔	′ ° Y	, , , , , , , , , , , , , , , , , , ,
	Mailing Address 7644 Tamiami Trl Floribbean Flo's					0 8		L	0	3	L	. 2	0 0 6 °
	City Sarasota	State FL	Zip Code 34231-6840			Amou	ınt o	f Eac	ch	Disb	urse	mer	t this Period
	Purpose of Disbursement Gift Basket			•	1	L	of. 10	d or	Dia		ol of		65.59
	Candidate Name			Category/	- [C	ontri	d or I butio	ns	Rec			
				Type		11	I C.F	F.R. 4	400	0.53			
	Office Sought: House Disbut Senate President	x Primary Other (spe	2006 General ecify) ▼										
	State: District:												
В.	Full Name (Last, First, Middle Initial) Floribbean Flo's					Trans Date				_		34	
	Mailing Address 7644 Tamiami Trl Floribbean Flo's					0 ^M 8	М	/ D	0	3	/	Ž	006
	City Sarasota	State FL	Zip Code 34231-6840			Amou	ınt o	f Eac	ch	Disb	urse	mer	t this Period
	Purpose of Disbursement Gift Basket		66.90 Refund or Disposal of Excess										
	Candidate Name		Category/ Type	-	Contributions Required Under 11 C.F.R. 400.53								
	Office Sought: House Disbut Senate President	rsement For: X Primary Other (spe	2006 General										
	State: District:	• (op •	√ Value 1										
C.	Full Name (Last, First, Middle Initial) Floribbean Flo's					Trans Date				_		35	
	Mailing Address 7644 Tamiami Trl Floribbean Flo's					0 ^M 8	М	/ D	0	^D	/	Ź	006
	City	State	Zip Code			Amou	ınt o	f Eac	ch	Disb	urse	mer	t this Period
	Sarasota	FL	34231-6840			_	-	-				-	00.00
	Purpose of Disbursement Gift Basket				1		ofo	d or	Dia		al af		68.33
	Candidate Name			Category/ Type	-	C	ontri	d or butio	ns	Rec			
	Senate	rsement For: X Primary Other (and	2006 General	71.									
	State: President District:	Other (spe	eciiy) ▼										
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SCHEDULE B (FEC Form 3)				FOR LINE	NUMBER: PAGE 67/127			
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	y Information copied from such Reports and for commercial purposes, other than using				or the purpose of solicating contributions			
\setminus	NAME OF COMMITTEE (In Full)							
\backslash	Tim Mahoney for Florida							
Α.	Full Name (Last, First, Middle Initial) Florida Democratic Party Mailing Address 214 S Bronough S	24			Transaction ID: D132288 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	214 3 Bioliough S) i						
	City Tallahassee	State FL	Zip Code 32301-1705		Amount of Each Disbursement this Period			
	Purpose of Disbursement Dues Payment				1000.00 Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate President	Disbursement For: X Primary Other (s	2006 General pecify)	,				
	State: District:							
В.	Full Name (Last, First, Middle Initial) Florida House				Transaction ID: D132386 Date of Disbursement			
	Mailing Address Number 1 Second	Street, NE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q & Q \\ 2 & Q & Q & G & Q \end{bmatrix}$			
	City Washington	State DC	Zip Code 20002		Amount of Each Disbursement this Period			
	Purpose of Disbursement Event Location Rental				1500.00 Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House I Senate President	Disbursement For: X Primary Other (s	2006 General					
	State: District:	(0	pooy/ •					
C.	Full Name (Last, First, Middle Initial) Fort Lauderdale Grande				Transaction ID: D132387 Date of Disbursement			
	Mailing Address 1881 SE 17th St				$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}7^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}5\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}5\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}06^Y\\0\end{smallmatrix}$			
	City Ft Lauderdale	State FL	Zip Code 33316-3015		Amount of Each Disbursement this Period			
	Purpose of Disbursement Lodging for JJ Dinner			•	1033.47 Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House I Senate President	Disbursement For: X Primary Other (s	2006 General pecify)					
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Λ	NAME OF COMMITTEE (In Full)				
	Tim Mahoney for Florida				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D132388
Α.	G & D Real Estate Holdings LLC				Date of Disbursement
	Mailing Address 4114 Northlake Blvd Second Floor				$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 2 & D \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Palm Beach Gardens	State Zip Code FL 33410-			Amount of Each Disbursement this Period
	Purpose of Disbursement		Г		2130.00
	Rent July'06 Candidate Name		-	Category/	Refund or Disposal of Excess Contributions Required Under
				Туре	11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For: 200 X Primary Ge	6 neral		
	President	Other (specify)	riorai		
	State: District:				
В.	Full Name (Last, First, Middle Initial) G & D Real Estate Holdings LLC				Transaction ID: D132389
					Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4114 Northlake Blvd Second Floor				08 01 2006
	City Palm Beach Gardens	State Zip Code FL 33410-			Amount of Each Disbursement this Period
	Purpose of Disbursement	12 00110		• •	2130.00
	Rent August'06 Candidate Name		L	Potogon/	Refund or Disposal of Excess Contributions Required Under
				Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For: 200 X Primary Ge	6 neral		
	President	Other (specify)	iiciai		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Glades County DEC				Transaction ID: D132390 Date of Disbursement
	Mailing Address 8230 Caloosahatchee	Dr SW			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
	City Moore Haven	State Zip Code FL 33471-			Amount of Each Disbursement this Period
	Purpose of Disbursement			•	50.00
	Glades County Booklet Ad for JJ Din Candidate Name		-	Category/	Refund or Disposal of Excess Contributions Required Under
				Type	11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For: 200 X Primary Ge	6 neral		
	President	Other (specify)	ı ı c ı dl		
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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 69 / 127 y one) X 17
	y Information copied from such Reports and Sta for commercial purposes, other than using the na			for the purpose of solicating contributions
\vdash	NAME OF COMMITTEE (In Full)	71		
\rangle	Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Gordon & Doner P.A.			Transaction ID: D132391 Date of Disbursement
	Mailing Address 4114 Northlake Blvd Second Floor			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & 0 & \check{0} & 6 \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Palm Beach Gardens	State Zip Code FL 33410-6271		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone July'06			650.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	rsement For: 2006 X Primary General Other (specify)		
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Gordon & Doner P.A.			Transaction ID: D132392 Date of Disbursement
	Mailing Address 4114 Northlake Blvd Second Floor			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & \check{O} & \check{O} & G \\ & 2 & 0 & 0 & G \end{smallmatrix} \end{bmatrix}$
	City Palm Beach Gardens	State Zip Code FL 33410-6271		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone August'06			650.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	rsement For: 2006 X Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
C.	Edward Grysiewicz			Transaction ID: D132289 Date of Disbursement
	Mailing Address 11 Bay Cove Ln			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G \end{bmatrix}$
	City Newport Beach	State Zip Code CA 92660-6230		Amount of Each Disbursement this Period
	Purpose of Disbursement IT/Website Consulting		3000.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu Senate President	rsement For: 2006 X Primary General Other (specify)		
_	State: District:			
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				or the purpose of solicati	ng contributions
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida	·				
Α.	Full Name (Last, First, Middle Initial) Edward Grysiewicz Mailing Address 11 Bay Cove Ln				Transaction ID: D13 Date of Disbursement	
		State Zip Coc CA 92660	de 0-6230		Amount of Each Disbo	ursement this Period 3000.00
	IT/Website Consulting Candidate Name			Category/ Type	Refund or Disposa Contributions Req 11 C.F.R. 400.53	
	° 🗎 –		06 General			
В.	Full Name (Last, First, Middle Initial) Halloran Development				Transaction ID: D13 Date of Disbursement	
	Alexandria	State Zip Coc VA 22301	de 1-1104		Amount of Each Disbu	ursement this Period
	Purpose of Disbursement General Consulting Candidate Name			Category/	Refund or Disposa Contributions Req 11 C.F.R. 400.53	
	· —		06 General			
C.	Full Name (Last, First, Middle Initial) Halloran Development				Transaction ID: D13 Date of Disbursement	t
	Mailing Address 2508 Dewitt Ave				08 / 15	ž0ŏ6
	Alexandria	State Zip Coo VA 22301	de 1-1104		Amount of Each Disb	
	Purpose of Disbursement General Consulting Candidate Name		C	Category/ Type	Refund or Disposa Contributions Req 11 C.F.R. 400.53	
			06 General			
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Ш	EMIZED DI	SBURSEMEN [®]	15	for each category of the Detailed Summary Page			X 17 18 20a 20b	19a 19b 20c 21			
		ed from such Reports rposes, other than usir						solicating contributions rom such committee			
$\overline{}$	NAME OF COM	MITTEE (In Full)									
\rangle	Tim Mahoney	, ,									
_	Full Name (Last,	First, Middle Initial)					Transaction ID	D132394			
Α.	Halloran Deve	lopment					Date of Disburs	sement			
	Mailing Address	2508 Dewitt Ave)				07 / 0	06			
	City Alexandria			State /A	Zip Code 22301-1104		Amount of Eac	h Disbursement this Period			
	Purpose of Disbu	ırsement						13000.00			
	General Consulting	ng					Refund or [Disposal of Excess			
	Candidate Name					Category/ Type	Contribution	ns Required Under 00.53			
	Office Sought:	House Senate	Disburser X	nent For: Primary	2006 General						
		President		Other (spe	ecify) 🔻						
	State:	District:									
_	•	First, Middle Initial)					Transaction ID): D132395			
В.	Halloran Deve	lopment					Date of Disburs	sement			
	Mailing Address 2508 Dewitt Ave						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Alexandria			State /A	Zip Code 22301-1104		Amount of Eac	h Disbursement this Period			
	Purpose of Disbu	ursement						6500.00			
	General Consulting						Refund or [Disposal of Excess			
	Candidate Name					Category/ Type	Contribution 11 C.F.R. 4	ns Required Under 00.53			
	Office Sought:	House	Disburser	nent For:	2006						
		Senate	X	Primary	General						
	State:	President District:		Other (spe	ecify) 🔻						
		First, Middle Initial)					Transaction ID	N- D122201			
C.	Hamilton Beat	tie and Staff					Date of Disburs	sement			
	Mailing Address	102 S 10th St					07 / 0	06 4 2006			
	City Fernandina Be	each		State =L	Zip Code 32034-3641		Amount of Eac	h Disbursement this Period			
	Purpose of Disbursement				0 0		5348.85				
	Public Opinion C Candidate Name					Category/		Disposal of Excess as Required Under			
						Туре	11 O.I .n. 4				
	Office Sought:	House	Disburser		2006						
		Senate President		Primary Other (spe	General						
	State:	District:		Onler (Spe	, (iiy) ₩						
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SUBTOTAL of Disbursements This Page (optional)

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	CHEDULE B (FEC Form 3)	Use seperate s		FOR LINE N			
ΙT	EMIZED DISBURSEMENTS	for each category Detailed Sumn		X	17 18 1	19a	
	y Information copied from such Reports and Stater or commercial purposes, other than using the nam						
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida						
Α.	Full Name (Last, First, Middle Initial) Hamilton Beattie and Staff Mailing Address 102 S 10th St				Transaction ID: D13 Date of Disbursement	• -	
	City Fernandina Beach		Code 034-3641		Amount of Each Disb		
	Purpose of Disbursement Public Opinion Consulting Candidate Name			category/	Refund or Disposa Contributions Req		
	Senate X President	ement For: Primary Other (specify)	2006 General	Туре	11 C.F.R. 400.53		
	State: District:						
В.	Full Name (Last, First, Middle Initial) HC*Alumni Dir				Transaction ID: D13 Date of Disbursement		
	Mailing Address 5721 Bayside Rd				07 17	ž006	
	City Virginia Beach		Code 455-3015		Amount of Each Disb		
	Purpose of Disbursement Alumni Directory			• •	Refund or Disposa		
	Candidate Name			Category/ Type	Contributions Req 11 C.F.R. 400.53	uired Under	
	Senate X President	ement For: Primary Other (specify)	2006 General ▼				
	State: District:						
C.	Full Name (Last, First, Middle Initial) Hess				Transaction ID: D13 Date of Disbursement	:	
	Mailing Address 1216 Northlake Blvd				$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$	ž0ŏ6 [°]	
	City Lake Park		Code 403-2050		Amount of Each Disb		
	Purpose of Disbursement Gasoline					48.87	
	Candidate Name		C	Category/	Refund or Disposa Contributions Req 11 C.F.R. 400.53		
	· —	ement For: Primary Other (specify)	2006 General				
_	State: District:						
s	JBTOTAL of Disbursements This Page (optional)			>		19797.96	

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule for each category of the Detailed Summary Pag	è	FOR LINE (check only	
_		, ,			20a 20b 20c 21
	y Information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) I Buy By Web				Transaction ID: D132402 Date of Disbursement
	Mailing Address 85 Enterprise Ste 100				$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \\ 0 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 0 & 0 \\ 0 & 1 & 1 \end{bmatrix}$
	City Aliso Viejo	State Zip Code CA 92656-262	27		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Equipment			•	189.76
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disk Senate President	ursement For: 2006 X Primary General Other (specify)	al		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Inf*American Church				Transaction ID: D132403 Date of Disbursement
	Mailing Address 5711 S 86th Cir				$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 5 \\ 0 & 2 & 5 \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
	City Omaha	State Zip Code NE 68127-414	46		Amount of Each Disbursement this Period
	Purpose of Disbursement Church Directory				286.20 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ursement For: 2006 X Primary General Other (specify) ▼	al		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Internet Corporation Listing Service				Transaction ID: D132404 Date of Disbursement
	Mailing Address 303 Park Ave S Ste 1073				$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 7 \\ 0 & 1 & 7 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 7 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$
	City New York	State Zip Code NY 10010-360	01		Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Listing Aug 1, 2006-Aug 1, 2			•	35.00
	Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate	ursement For: 2006 X Primary Genera	al		
	President State: District:	Other (specify)			
S	UBTOTAL of Disbursements This Page (optio	nal)			510.96

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SCHEDULE B (FEC Form 3)		Use seperate schedu	ıle(s)	FOR LINE N	
IT	EMIZED DISBURSEMENTS	for each category of to Detailed Summary Page 1		(check only	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
\setminus	NAME OF COMMITTEE (In Full)				
/	Tim Mahoney for Florida				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D132293
Α.	Intuit*Quickbooks				Date of Disbursement
	Mailing Address 2632 Marine Way				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 0 & 3 & M \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G & Y \end{bmatrix}$
	City	State Zip Code			Amount of Each Disbursement this Period
	Mountain View	CA 94043-1	126		40.05
	Purpose of Disbursement Accounting Software				42.85 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	sement For: 2006		71	
	Senate	X Primary Gen	eral		
	President	Other (specify)			
	State: District:				
В.	Full Name (Last, First, Middle Initial) Intuit*Quickbooks				Transaction ID: D132294 Date of Disbursement
	Mailing Address 2632 Marine Way				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix}^{M} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} $
	City	State Zip Code			Amount of Each Disbursement this Period
	Mountain View	CA 94043-1	126		
	Purpose of Disbursement		73.66		
	Accounting Software		Refund or Disposal of Excess Contributions Required Under		
	Candidate Name			Category/ Type	11 C.F.R. 400.53
	ÿ	sement For: 2006			
	Senate President	X Primary Gen Other (specify) ▼	erai		
	State: District:	Other (specify)			
_	Full Name (Last, First, Middle Initial)				Transaction ID: D132295
C.	Intuit*Quickbooks				Date of Disbursement
	Mailing Address 2632 Marine Way				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & G \\ Y & Q & D & G \end{bmatrix} $
	City	Ctata 7:- Carl			Amount of Fook Diskurses and this David
	City Mountain View	State Zip Code CA 94043-1	126		Amount of Each Disbursement this Period
	Purpose of Disbursement				42.85
	Accounting Software		_		Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	sement For: 2006			
	Senate	X Primary Gen	eral		
	State: President	Other (specify)			
г	State: District:				
s	UBTOTAL of Disbursements This Page (optional	l)			159.36

SCHEDULE B (FEC Form 3)			1 505.14		NE NUMBER: PAGE 75 / 127										
`		·	Use seperate scriedule(s) (che			FOR LINE NUMBER: (check only one)			P/	AGE	75 / 127				
Τ	EMIZED DISBUI	RSEMENT	S		category of the Summary Page		.551. 011	1	=) 17 [20a		18 20b		19a 20c		19b 21
	y Information copied from for commercial purposes,														
<u> </u>	NAME OF COMMITTEE	(In Full)													
\rangle	Tim Mahoney for Flo	rida													
١.	Full Name (Last, First, M J2	liddle Initial)									on ID sburs		013240 nent)8	
	Mailing Address 692	22 Hollywood	Blvd						o ^M 7	M /	D () 3	3 /	Ź	006
	City Los Angeles		Sta Ca		Zip Code 90028-6117			Α	Mour	nt of	Each	ı D	isburse	emer	nt this Period
	Purpose of Disbursemen Blast Fax Service	nt				•			Re	fund	d or D	isp	oosal of	Exc	10.00 ess
	Candidate Name					Catego Type	•				ution .R. 40		Require .53	d Ur	nder
	S	ouse enate resident ct:		ent For: rimary Other (spe	2006 General										
3.	Full Name (Last, First, M J2										on ID sburs	_	013240 nent)9	
	Mailing Address 692	22 Hollywood	Blvd						0 7	M /	D 2	2 4	1	Ź	006
	City Los Angeles		Sta Ca	ate A	Zip Code 90028-6117			A	Mour	nt of	Each	ı D	isburse	emer	nt this Period
	Purpose of Disbursement Blast Fax Service				,		10.00 Refund or Disposal of Excess								
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	S	ouse enate resident		ent For: Primary Other (spe	2006 General										
	State: Distri														
).	Full Name (Last, First, M J2	liddle miliai)							ate o	of Di	sburs	em			
	Mailing Address 692	22 Hollywood	Blvd						o ^M 7	M /	D 2	2 8	3 / [2	2006°
	City Los Angeles		Sta Ca		Zip Code 90028-6117			A	Mour	nt of	Each	ı D	isburse	emer	nt this Period
		Purpose of Disbursement					L						_	15.00	
	Blast Fax Service Candidate Name					Catego	•		_ Co	ntrik		s F	oosal of Require .53		
	S	ouse enate resident		ent For: Primary Other (spe	2006 General	<u>`</u>									
	State: Distri			- (-1-0	<i>></i> / ♥										
s	UBTOTAL of Disburseme	ents This Page ((optional)				•			_					35.00
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SCHEDULE B (FECFOIII 3)		Use seperate schedule(s)	FOR LINE NUMBER:	PAGE 76 / 127
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 20a 20b	19a 19b 20c 21
	y Information copied from such Reports and St or commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida	,,		
Α.	Full Name (Last, First, Middle Initial) Joanna Belanger Mailing Address 7050 Aliso Avenue		Transaction ID Date of Disburs	
	City West Palm Beach	State Zip Code FL 33413	Amount of Each	h Disbursement this Period
	Purpose of Disbursement Reimbursement of Travel Candidate Name			885.67 Disposal of Excess as Required Under 00.53
	Office Sought: House Senate President State: District:	ursement For: 2006 X Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Joanna Belanger		Transaction ID Date of Disburs	sement
	Mailing Address 7050 Aliso Avenue		08 / 0	15 2006
	City West Palm Beach Purpose of Disbursement	State Zip Code FL 33413		h Disbursement this Period 1329.69
	Payroll Expense Candidate Name			Disposal of Excess ns Required Under .00.53
	Office Sought: House Disb Senate President State: District:	ursement For: 2006 X Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Jupiter Democratic Club		Transaction ID Date of Disburs	sement
	Mailing Address 5250 N Ocean Dr Apt 16S		07 / 0	05 2006
	City Singer Island	State Zip Code FL 33404-2654	Amount of Eacl	h Disbursement this Period
	Purpose of Disbursement Politics and Pancake Breakfast Book Candidate Name	Ca	egory/ Contribution	50.00 Disposal of Excess ns Required Under
	Office Sought: House Disk Senate President State: District:	ursement For: 2006 X Primary General Other (specify) ▼	11 C.F.R. 4	00.53
	UBTOTAL of Disbursements This Page (option	10	•	2265.36

EMIZED DISBURSEMENTS	Use seperate schedule(s)	(check only one)
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
		ny person for the purpose of solicating contributions nittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida		
Full Name (Last, First, Middle Initial)		Transaction ID: D132412
Kaufman Daenzer Instruments		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1961 10the Avenue N	08 03 2006	
City Lake Worth	State Zip Code FL 33461	Amount of Each Disbursement this Period
Purpose of Disbursement Audio Equipment Rental		186.38 Refund or Disposal of Excess
Candidate Name	l l	contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	oursement For: 2006 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Lowe's		Transaction ID: D132413 Date of Disbursement
Mailing Address 401 N Congress Ave		07 10 7 2006
City Lake Park	State Zip Code FL 33403-1803	Amount of Each Disbursement this Period
Purpose of Disbursement Office Expenses		20.29 Refund or Disposal of Excess
Candidate Name	I	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	oursement For: 2006 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Lowe's		Transaction ID: D132414 Date of Disbursement
Mailing Address 402 N Congress Ave	nue	0 7 M / D 1 D / Y 2 0 0 6 Y
City Lake Park	State Zip Code FL 33404	Amount of Each Disbursement this Period
Purpose of Disbursement Office Expenses		40.43 Refund or Disposal of Excess
Candidate Name		tegory/ Type Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	oursement For: 2006 X Primary General Other (specify) ▼	
JBTOTAL of Disbursements This Page (optio	nal)	247.10

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate scriedule(s)		(check onl	NUMBER: PAGE 78 / 127 y one) X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports a or commercial purposes, other than using				for the purpose of solicating contributions
1 \	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
A.	Full Name (Last, First, Middle Initial) Lowe's Mailing Address 403 N Congress	Ave			Transaction ID: D132415 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lake Park	State FL	Zip Code 33403-1803		Amount of Each Disbursement this Period
(Purpose of Disbursement Office Expenses Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disbursement For X Primary Other (s		Турс	
_	Full Name (Last, First, Middle Initial) Lowe's				Transaction ID: D132416 Date of Disbursement 0 7 1 9 2 0 0 6
-	Mailing Address 404 N Congress City	Avenue State	Zip Code		0 7 1 9 2 0 0 6 Amount of Each Disbursement this Period
 - -	Lake Park Purpose of Disbursement Office Expenses Candidate Name	FL	33406	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disbursement For X Primary Other (s		Турс	
_	Full Name (Last, First, Middle Initial) Mr. Lake H. Lytal, Sr.				Transaction ID: D132240 Date of Disbursement
Ī	Mailing Address 515 N FLAGLER	DR NC	ORT		$\begin{bmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & 2 & 6 \\ 2 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & 0 & 6 \\ Y & 2 & 0 & 0 & 6 \end{bmatrix}$
1	City West Palm Beach	State FL	Zip Code 33401		Amount of Each Disbursement this Period 212.61
-	Purpose of Disbursement Above & Beyond Reprographics Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For X Primary Other (s			* in-kind received
	State: District:				

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B (FEC Form 3)			FOR LINE	R LINE NUMBER: PAGE 79 / 127		
ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the	(check onl			
<u>''</u>	LIMIZED DISBOTISEMENTS	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and S for commercial purposes, other than using the					
\setminus	NAME OF COMMITTEE (In Full)					
\backslash	Tim Mahoney for Florida					
A.	Full Name (Last, First, Middle Initial) Mack Crounse Group LLC			Transaction ID: D132296 Date of Disbursement		
	Mailing Address 4900 Seminary Rd			$ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 & M \end{bmatrix} \begin{bmatrix} 0 & 1 & M \\ 0$		
	City Alexandria	State Zip Code VA 22311-1860		Amount of Each Disbursement this Period		
	Purpose of Disbursement Direct Mail Consulting			309.00 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	sbursement For: 2006 X Primary General Other (specify)				
	State: District:					
В.	Full Name (Last, First, Middle Initial) Matt Barnes-Smith			Transaction ID: D132417 Date of Disbursement		
	Mailing Address 4114 Northlake Blvd Ste 300	t		08 7 01 7 2006		
	City Palm Beach Gardens	State Zip Code FL 33410-6281		Amount of Each Disbursement this Period		
	Purpose of Disbursement			1107.69		
	Fundraising Consulting Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis	sbursement For: 2006 X Primary General Other (specify)	7,7-2			
	State: District:					
C.	Full Name (Last, First, Middle Initial) Matt Barnes-Smith			Transaction ID: D132418 Date of Disbursement		
	Mailing Address 4114 Northlake Blvd Ste 300	t t		08 15 7 2006		
	City Palm Beach Gardens	State Zip Code FL 33410-6281		Amount of Each Disbursement this Period		
	Purpose of Disbursement			553.85		
	Fundraising Consulting Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis	sbursement For: 2006 X Primary General Other (specify)	, -			
	State: District:					
s	UBTOTAL of Disbursements This Page (opt	onal)	<u>Þ</u>	1970.54		

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	-	NUMBER: PAGE 80 / 127		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17	19a 19b	
	y Information copied from such Reports and State for commercial purposes, other than using the nan					
\ \	NAME OF COMMITTEE (In Full)	le and address of any political	Committee to so	non contributions from s	Such committee	
\rangle	Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) MTI*Crucial Technology			Transaction ID: D1 Date of Disburseme		
	Mailing Address 3475 E Commercial Ct			08	2006	
	City Meridian		Amount of Each Dis	sbursement this Period		
	Purpose of Disbursement Computer Memory		Refund or Dispo			
	Candidate Name		Category/ Type	Contributions Re		
		sement For: 2006 C Primary General Other (specify)				
В.	Full Name (Last, First, Middle Initial) Mr. Adam Nashban			Transaction ID: D1 Date of Disburseme	ent	
	Mailing Address 4879 Via Palm Lks 610		07 01	y žoó6°		
	City West Palm Beach	State Zip Code FL 33417-3105		Amount of Each Dis	sbursement this Period	
	Purpose of Disbursement Payroll Expense Candidate Name		Category/	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under	
		sement For: 2006 K Primary General Other (specify)	Туре			
C.	Full Name (Last, First, Middle Initial) Mr. Adam Nashban			Transaction ID: D1 Date of Disburseme		
	Mailing Address 4879 Via Palm Lks 610			07 / 15	2006	
	City West Palm Beach	State Zip Code FL 33417-3105		Amount of Each Dis	sbursement this Period	
	Purpose of Disbursement Payroll Expense			Refund or Dispo		
	Candidate Name		Category/ Type	11 C.F.R. 400.5		
	°	sement For: 2006 C Primary General Other (specify)				
s	UBTOTAL of Disbursements This Page (optional))			4688.60	
	OTAL This Period (last page this line number only					

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 81 / 127 y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Sta for commercial purposes, other than using the na				for the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) Mr. Adam Nashban				Transaction ID: D132303 Date of Disbursement 0 8
	Mailing Address 4879 Via Palm Lks 610 City	State	Zip Code		Amount of Each Disbursement this Period
	West Palm Beach Purpose of Disbursement	FL	33417-3105		2255.50
	Payroll Expense Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	x Primary Other (spe	2006 General		
_	State: District:				
В.	Full Name (Last, First, Middle Initial) Mr. Adam Nashban				Transaction ID: D132301 Date of Disbursement
	Mailing Address 4879 Via Palm Lks 610				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Q & O & O & G \end{smallmatrix} \end{bmatrix}$
	City West Palm Beach	State FL	Zip Code 33417-3105		Amount of Each Disbursement this Period 2255.50
	Purpose of Disbursement Payroll Expense Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbute Senate President State: District:	rsement For: X Primary Other (spe	2006 General	туре	
	Full Name (Last, First, Middle Initial)				T 10 D400400
C.					Transaction ID: D132420 Date of Disbursement
	Mailing Address Prosperity Center				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Palm Beach Gardens	State FL	Zip Code 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	x Primary Other (spe	2006 General	Турс	
	State: District:	58101 (0)00	·-·· j/ ▼		
s	UBTOTAL of Disbursements This Page (options	al)			5065.81

	CHEDULE B (FEC Form 3)	Use seperate sch		FOR LINE (check only	NUMBER: PAGE 82 / 127	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(oncon only	-	19a 19b
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam					
Λ	NAME OF COMMITTEE (In Full)					
V	Tim Mahoney for Florida					
^	Full Name (Last, First, Middle Initial)				Transaction ID: D13	2421
Α.	Office Depot		Date of Disbursement			
	Mailing Address Prosperity Center				$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2006
	City Palm Beach Gardens	State Zip Coo FL 33410			Amount of Each Disb	ursement this Period
	Purpose of Disbursement					1277.98
	Office Supplies Candidate Name			`atagamı/	Refund or Disposa Contributions Reg	
	Candidate Name			Category/ Type	11 C.F.R. 400.53	and ondo
			06			
	Senate X President	Primary G Other (specify)	ieneral			
	State: District:] (ep-e), •				
	Full Name (Last, First, Middle Initial)				Transaction ID: D13	2422
В.	Office Depot				Date of Disbursement	
	Mailing Address Prosperity Center				$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$	2006
	,	State Zip Coo			Amount of Each Disb	ursement this Period
	Palm Beach Gardens Purpose of Disbursement		15.96			
	Office Supplies				Refund or Disposa	al of Excess
	Candidate Name		C	Category/ Type	Contributions Req 11 C.F.R. 400.53	uired Under
	· —		06			
	Senate X President	Primary G Other (specify)	ieneral			
	State: District:	, (1), (
C.	Full Name (Last, First, Middle Initial) Office Max				Transaction ID: D13 Date of Disbursement	
	Moiling Address 4040 North-Labor Dhad				0 7 D D D	2006
	Mailing Address 4242 Northlake Blvd				0, 10	2000
	City Palm Beach Gardens	State Zip Coo FL 33410	de 0-6223		Amount of Each Disb	ursement this Period
	Purpose of Disbursement			•		195.90
	Office Supplies Candidate Name			`ataganı/	Refund or Disposa Contributions Req	
	Cardidate Name			Category/ Type	11 C.F.R. 400.53	
			06			
	Senate X President	Primary G Other (specify)	ieneral			
	State: District:					
						1489.84
l S	UBTOTAL of Disbursements This Page (optional)					1703.07

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		for each cate Detailed Sun	se seperate schedule(s) or each category of the etailed Summary Page		NUMBER: PAGE 83 / 127 / one) X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\setminus	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
\angle					
A.	Full Name (Last, First, Middle Initial) Office Max				Transaction ID: D132424 Date of Disbursement
	Mailing Address 4242 Northlake Blvd				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$
	City Palm Beach Gardens		ip Code 3410-6223		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies				1159.72 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate X President	ment For: Primary Other (specify	2006 General		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Office Max				Transaction ID: D132425 Date of Disbursement
	Mailing Address 4242 Northlake Blvd				$\begin{bmatrix} M & M & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 7 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 6 & Y \end{bmatrix}$
	City Palm Beach Gardens		ip Code 3410-6223		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies			· ·	54.80 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For: Primary Other (specify	2006 General		
	State: District:	Other (specify) V		
C.	Full Name (Last, First, Middle Initial) Office Max				Transaction ID: D132426 Date of Disbursement
	Mailing Address 4242 Northlake Blvd				$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}7^M\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}0\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}0\end{smallmatrix}6^Y$
	City Palm Beach Gardens		ip Code 3410-6223		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies			• •	10.64 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ŭ 🗎 –	ment For: Primary Other (specify	2006 General	·	
_	State: District:	Julio (Specify	<i>,</i> ▼		
s	UBTOTAL of Disbursements This Page (optional))	1225.16

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each ca	rate schedule(s) ategory of the ummary Page	(check only	NUMBER: PAGE 84 / 127 / one) X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nar				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 4242 Northlake Blvd				Transaction ID: D132427 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Palm Beach Gardens	State FL	Zip Code 33410-6223		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: X Primary Other (spec	2006 General	1,700	
_	Full Name (Last, First, Middle Initial)				
В.	Office Max				Transaction ID: D132428 Date of Disbursement 0 8
	Mailing Address 4242 Northlake Blvd				08 14 2006
	City Palm Beach Gardens	State FL	Zip Code 33410-6223		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: X Primary Other (spec	2006 General	Type	11 C.F.N. 400.55
_	Full Name (Last, First, Middle Initial)				Transaction ID: D132429
C.	Order1.net Mailer				Date of Disbursement
	Mailing Address 13612 Pine Villa Ln March 5 Enterprises				$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Fort Myers	State FL	Zip Code 33912-1616		Amount of Each Disbursement this Period 99.95
	Purpose of Disbursement Software				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		sement For: X Primary Other (spec	2006 General		
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			241.05

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	CHEDULE B (FEC Form 3)	Use seperate	schedule(s)	FOR LINE N	
IT	EMIZED DISBURSEMENTS	for each categ Detailed Sumr		(Crieck Orlly	· — — —
		Detailed Sumi	nary Fage	<u> </u>	20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using the				
\setminus	NAME OF COMMITTEE (In Full)				
17	Tim Mahoney for Florida				
<u></u>	Full Name (Last, First, Middle Initial)				T .: ID D100100
A.	Page Computer Inc				Transaction ID: D132430 Date of Disbursement
	Mailing Address 4655 Melrose Ave				07
	City Los Angeles		Code 029-3342		Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Repair/Service				871.27 Refund or Disposal of Excess
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D	isbursement For: X Primary	2006 General		
	President	Other (specify)	▼		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Palm Beach County Democratic Par	ty			Transaction ID: D132431 Date of Disbursement
	Mailing Address 6266 S Congress A Ste L11	lve			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 0 & 2 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
	City Lantana		Code 462-2308		Amount of Each Disbursement this Period
	Purpose of Disbursement				1500.00
	Jefferson Jackson Dinner Candidate Name			ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D Senate President	isbursement For: X Primary Other (specify)	2006 General	Турс	
	State: District:				
C.	Full Name (Last, First, Middle Initial) PC*Connection				Transaction ID: D132432 Date of Disbursement
	Mailing Address 730 Milford Rd				$\begin{bmatrix} 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
	City Merrimack		Code 054-4612		Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Services			•	838.43
	Candidate Name			ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D Senate President	sbursement For: X Primary Other (specify)	2006 General		
	State: District:	Strict (opcorry)	*		
s	UBTOTAL of Disbursements This Page (op	tional)		▶	3209.70

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Publix Mailing Address Garden Square Plaza			Transaction ID: D132433 Date of Disbursement 0 7
	City	State Zip Code FL 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Senate X President	ement For: 2006 Primary General Other (specify)	Type	11 C.F.R. 400.53
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Publix			Transaction ID: D132434 Date of Disbursement 0 7 1 9 2 0 0 6
	Mailing Address Garden Square Plaza	07 19 2006		
	,	State Zip Code FL 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	* H	ement For: 2006 Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) Publix			Transaction ID: D132435 Date of Disbursement
	Mailing Address Garden Square Plaza			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 2 & 0 & 0 & 0 \end{bmatrix}$
		State Zip Code FL 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses		-	7.80
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate X President	ement For: 2006 Primary General Other (specify)		
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		<u>►</u>	72.82

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S	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)		IE NUMBER: PAGE 87 / 127
IT	EMIZED DISBURSEMENTS		category of the	(check o	
		Detailed	Summary Page		20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the name				
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	Tim Mahoney for Florida				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D132436
A.	Publix				Date of Disbursement
	Mailing Address Garden Square Plaza				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Palm Beach Gardens	State FL	Zip Code 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses				31.20 Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs	ement For:	2006	Туре	-
		Primary	General		
	President	Other (spe			
	State: District:				
ь	Full Name (Last, First, Middle Initial)				Transaction ID: D132437
В.	Publix				Date of Disbursement
	Mailing Address Garden Square Plaza				08
	City	State	Zip Code		Amount of Each Disbursement this Period
	Palm Beach Gardens	FL	33410		117.00
	Purpose of Disbursement Office Expenses				117.00
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under
				Type	11 C.F.R. 400.53
	• -	ement For:	2006		
		Primary	General		
	State: President State:	Other (spe	ecity) 🔻		
	Full Name (Last, First, Middle Initial)				- II I DIO 100
C.	Punta Gorda Chamber of Commerce				Transaction ID: D132438 Date of Disbursement
	Mailing Address 1200 W Retta Esplanad Ste E43	е			0 8 M / 0 8 / Y 2 0 0 6 Y
	City Punta Gorda	State FL	Zip Code 33950-5325		Amount of Each Disbursement this Period
	Purpose of Disbursement				150.00
	Booth Rental				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	· — —	ement For:	2006		
		Primary	General		
	President State: District:	Other (spe	ecity) 🔻		
	otato. District.				
s	UBTOTAL of Disbursements This Page (optional)			>	298.20

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 88 / 127 / one)
		Detailed Summary Page		X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) River City Grill			Transaction ID: D132443 Date of Disbursement
	Mailing Address 131 W Marion Ave			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code FL 33950		Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Lunch Candidate Name		Category/	91.64 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)	Туре	
В.	Full Name (Last, First, Middle Initial) Ronald L. Luk			Transaction ID: D132441 Date of Disbursement
	Mailing Address 4114 Northlake Blvd Second Floor	08 7 01 7 2006		
	•	State Zip Code FL 33410-6271		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) Ronald L. Luk			Transaction ID: D132442 Date of Disbursement
	Mailing Address 4114 Northlake Blvd Second Floor		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & O & G \\ I & Q & O & G \end{bmatrix} $	
		State Zip Code FL 33410-6271		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Expense			1040.37 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	9 -	ement For: 2006 Primary General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional) .			2350.49
	OTAL This Period (last page this line number only)			

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	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	Use sepe	erate schedule(s) category of the	FOR LINE (check only	one)	PAGE 89 / 127
•		Detailed	Summary Page		X 17 18 20a 20b	19a 19b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using t					
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) Sam Nasr				Transaction ID Date of Disburs	sement
	Mailing Address 4114 Northlake Bl Second Floor	vd			08 / 0	0 1
	City Palm Beach Gardens	State FL	Zip Code 33410-6271		Amount of Eacl	h Disbursement this Period
	Purpose of Disbursement Payroll Expense				Refund or D	805.50 Disposal of Excess
	Candidate Name			Category/ Type	Contribution	ns Required Under 00.53
	Senate President	Disbursement For: X Primary Other (spe	2006 General ccify) ▼			
	State: District: Full Name (Last, First, Middle Initial)					D400440
В.	Sam Nasr				Transaction ID Date of Disburs	sement
	Mailing Address 4114 Northlake Bl Second Floor	vd			0.8	15
	City Palm Beach Gardens	State FL	Zip Code 33410-6271		Amount of Eacl	h Disbursement this Period
	Purpose of Disbursement Payroll Expense				— Refund or F	805.50 Disposal of Excess
	Candidate Name			Category/ Type		ns Required Under
	Office Sought: House Senate President	Disbursement For: X Primary Other (spe	2006 General			
	State: District:		- <i>37</i> V			
C.	Full Name (Last, First, Middle Initial) Kathryn Sealey				Transaction ID Date of Disburs	sement
	Mailing Address 311 SW 10th Ter				07 / 0	13 2006
	City Hallandale Beach	State FL	Zip Code 33009-6124		Amount of Eacl	h Disbursement this Period
	Purpose of Disbursement					690.00
	Accounting Services Candidate Name			Category/ Type	Refund or D Contributior 11 C.F.R. 4	Disposal of Excess ns Required Under 00.53
	Office Sought: House Senate President	Disbursement For: X Primary Other (spe	2006 General			
_	State: District:	3.1101 (opc	<i>J</i> / V			

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S	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)	_		NUMBER: PAGE 90 / 127
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			Detailed :	Summary Page		F	20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than using						
Λ	NAME OF COMMITTEE (In Full)						
/	Tim Mahoney for Florida						
<u></u>	Full Name (Last, First, Middle Initial)						Transaction ID: D10000E
A.	Kathryn Sealey						Transaction ID: D132305 Date of Disbursement
	Mailing Address 311 SW 10th Te	er					$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
	City Hallandale Beach		State =L	Zip Code 33009-6124			Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services				•		1579.93 Refund or Disposal of Excess
	Candidate Name				Category	y/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	nent For:	2006	1,700		
	Senate		Primary	General			
	State: President District:		Other (spe	ecity) 🔻			
	Full Name (Last, First, Middle Initial)						Transaction ID: D199447
B.	Shell Oil						Transaction ID: D132447 Date of Disbursement
	Mailing Address 3905 Northlake	Blvd					$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ I \end{smallmatrix} 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \end{smallmatrix} 0 6 6^{Y} \end{bmatrix}$
	City		State	Zip Code			Amount of Each Disbursement this Period
	Palm Beach Gardens	F	FL	33403-1504			41.01
	Purpose of Disbursement Gasoline						Refund or Disposal of Excess
	Candidate Name				Category	y/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser		2006			
	Senate President		Primary Other (spe	General			
	State: District:		Other (ope	√ V V V V V V V V V V V V V V V V V V V			
_	Full Name (Last, First, Middle Initial)						Transaction ID: D132448
C.	Staples						Date of Disbursement
	Mailing Address 1260 Northlake	Blvd					$\begin{bmatrix} 0 & 7 & M \end{bmatrix}$ / $\begin{bmatrix} 1 & 2 & 2 & 2 & 4 & 4 \\ 2 & 2 & 4 & 4 & 4 \end{bmatrix}$ / $\begin{bmatrix} 2 & 2 & 4 & 4 & 4 \\ 2 & 2 & 4 & 4 & 4 \end{bmatrix}$
	City Palm Beach Gardens		State =L	Zip Code 33403-2050			Amount of Each Disbursement this Period
	Purpose of Disbursement					\neg	562.39
	Office Supplies						Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Category Type	y/	11 C.F.R. 400.53
	Office Sought: House	Disburser	nent For:	2006	71.		
	Senate		Primary	General			
	State: President District:		Other (spe	ecify) 🔻			
	State: District:						
ا	IIRTOTAL of Dishursements This Page	(ontional)					2183.33

91	CHEDULE B (FEC Form 3)				
			erate schedule(s)	FOR LINE (check only	
Ш	EMIZED DISBURSEMENTS		category of the Summary Page		(17
	y Information copied from such Reports and S				or the purpose of solicating contributions
or	for commercial purposes, other than using the	name and addres	ss of any political c	ommittee to sol	icit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
\mathbb{L}	·				
A.	Full Name (Last, First, Middle Initial) Staples				Transaction ID: D132449 Date of Disbursement
	Mailing Address 1260 Northlake Blvd				$\begin{bmatrix} M 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D 1 & 3 \\ 3 & 2 & 0 & 0 & 6 \end{bmatrix}$
	City Palm Beach Gardens	State FL	Zip Code 33403-2050		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2006 General		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Staples				Transaction ID: D132450 Date of Disbursement
	Mailing Address 1260 Northlake Blvd				$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 7 \\ 0 & 1 & 7 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 7 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$
	City Palm Beach Gardens	State FL	Zip Code 33403-2050		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies				195.52 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2006 General		
	State: District:		,, ,		
C.	Full Name (Last, First, Middle Initial) Staples				Transaction ID: D132451 Date of Disbursement
	Mailing Address 1260 Northlake Blvd				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $
	City Palm Beach Gardens	State FL	Zip Code 33403-2050		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies				273.61 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2006 General		
_	State: District:				
s	UBTOTAL of Disbursements This Page (option	nal)		-	613.33

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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) Target Mailing Address 10155 Okeechobee Blvd				Transaction ID: D132452 Date of Disbursement O 7 D 1 8 V Y Y O 7 6 Y 2 0 0 6
	,	State Zip Code FL 33411-			Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	· H	ement For: 200 Primary Ge Other (specify)	6 eneral	Nr	
В.	Terrabox				Transaction ID: D132453 Date of Disbursement 0 7 1 7 2 0 0 6
		State Zip Code TX 75060-			Amount of Each Disbursement this Period
	Purpose of Disbursement Invoice #129 Candidate Name	- 17 75000		Patagon/	150.00 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburse	ement For: 200 Primary Ge Other (specify)		Category/ Type	11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) TFL*Avant-Gardens				Transaction ID: D132454 Date of Disbursement
	Mailing Address 9280 SW 24th Ter				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$
	Miami	State Zip Code FL 33165-			Amount of Each Disbursement this Period
	Purpose of Disbursement Floral Arrangement			•	74.85
	Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ŭ 🔛 I 🚃	ement For: 200 Primary Ge Other (specify)	6 eneral		
_	State: District:				
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91	CHEDIII E B /EEC Form 2	\				
	CHEDULE B (FEC Form 3		Use sepe	erate schedule(s)	FOR LINE (check only	
П	EMIZED DISBURSEMENT	S		category of the Summary Page	_ i `	(17
	y Information copied from such Reports a for commercial purposes, other than usin					or the purpose of solicating contributions
\vdash	NAME OF COMMITTEE (In Full)	<u>-</u>				
\rangle	Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) The Clinton Group					Transaction ID: D132455 Date of Disbursement
	Mailing Address 1350 Connectice Attn: Steve Zupp		V			$\begin{bmatrix} M & 7 & M \\ O & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D \\ O & 5 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ Q & O & O & G \end{bmatrix}$
	City Washington	5	State DC	Zip Code 20036-1722		Amount of Each Disbursement this Period
	Purpose of Disbursement Invoice #178-5					449.88 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	2006 General		
	State: District:			•		
В.	Full Name (Last, First, Middle Initial) The Home Depot					Transaction ID: D132456 Date of Disbursement
	Mailing Address 3860 Northlake	Blvd				$\begin{bmatrix} M 7 & M \\ 0 & 7 \end{bmatrix} = \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} = \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Lake Park		State =L	Zip Code 33403-1536		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses					7.19 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	nent For: Primary Other (spe	2006 General		
	State: District:					
C.	Full Name (Last, First, Middle Initial) The Maccabee Group					Transaction ID: D132306 Date of Disbursement
	Mailing Address 3509 Connecticut # 805	ut Ave NV	V			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 5 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 6 \end{bmatrix}$
	City Washington		State DC	Zip Code 20008-2400		Amount of Each Disbursement this Period
	Purpose of Disbursement Research Consulting					9098.57 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	2006 General		
_	State: District:					
s	UBTOTAL of Disbursements This Page	(optional)				9555.64

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicat or for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicit for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicit for for commercial purposes, other than using the name and address of any political committee to solicit contributions from sol	32458 nt / Y Y O O O O bursement this Period 21.26 sal of Excess quired Under 32307 nt
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicat or for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicit for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicit for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicit contributions for solicit contributions from solicit contributions from solicit contributions from solicit	ting contributions such committee 32458 nt
Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Tropical Smoothies Mailing Address 4276 Northlake Blvd City Palm Beach Gardens Purpose of Disbursement Staff Lunch Expense Candidate Name Category/ Type Transaction ID: D13 Date of Disbursement Type Amount of Each Disbursement Refund or Dispose Contributions Refund Transaction ID: D13 Date of Disbursement Type Transaction ID: D13 Date of Disbursement Transaction ID: D15	bursement this Period 21.26 sal of Excess quired Under 3
A. Tropical Smoothies Mailing Address 4276 Northlake Blvd City State Zip Code Palm Beach Gardens FL 33410-6224 Purpose of Disbursement Staff Lunch Expense Candidate Name Category/ Type Office Sought: House Disbursement For: 2006 X Primary General President State: District: B. United States Treasury Mailing Address 1500 Pennsylvania Ave NW City State Zip Code Washington DC 20220-0001 Purpose of Disbursement For: 2006 Amount of Each District: Transaction ID: D13 D15	bursement this Period 21.26 sal of Excess quired Under 3
Palm Beach Gardens FL 33410-6224 Purpose of Disbursement Staff Lunch Expense Candidate Name Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) United States Treasury Mailing Address 1500 Pennsylvania Ave NW City State Zip Code Washington Purpose of Disbursement Purpose of Disbursement State Zip Code Washington Purpose of Disbursement FL 33410-6224 Refund or Dispose Contributions Rec 11 C.F.R. 400.53 Transaction ID: D13 Date of Disbursement Mailing Address 1500 Pennsylvania Ave NW Refund or Dispose Amount of Each Disbursement 56-2535201	21.26 sal of Excess quired Under 3 32307
Candidate Name Category/ Type Office Sought: House Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) United States Treasury Mailing Address 1500 Pennsylvania Ave NW City State Zip Code Washington Purpose of Disbursement 56-2535201 Refund or Dispose	quired Under 3 32307
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) United States Treasury Mailing Address 1500 Pennsylvania Ave NW City State Zip Code Washington Purpose of Disbursement 56-2535201 Refund or Dispose	nt
B. United States Treasury Mailing Address 1500 Pennsylvania Ave NW City State Zip Code Washington DC 20220-0001 Purpose of Disbursement 56-2535201 Refund or Dispos	nt
City State Zip Code Amount of Each Disk Washington DC 20220-0001 Purpose of Disbursement 56-2535201 Refund or Dispos	/
Washington DC 20220-0001 Purpose of Disbursement 56-2535201 Refund or Dispos	08 15 2006
56-2535201 Refund or Dispos	bursement this Period 2546.26
Candidate Name Category/ Type Contributions Rec 11 C.F.R. 400.53	sal of Excess quired Under
Office Sought: House	
State: District:	
Full Name (Last, First, Middle Initial) C. US Airways Transaction ID: D1: Date of Disbursemer	nt
Mailing Address 2 N La Salle St	2006
City State Zip Code Amount of Each Disk Chicago IL 60602-3702	bursement this Period
Purpose of Disbursement Airline Travel-Candidate Candidate Name Category/ Type Refund or Dispose Contributions Rec	quired Under
Office Sought: House	
State: District:	

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						for the purpose of solicating contributions olicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Init USPS	ial)				Transaction ID: D132460 Date of Disbursement
	Mailing Address 904 Park	Ave				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Lake Park		State FL	Zip Code 33403-2404		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Senate President State: District:		ement For: C Primary Other (spe	2006 General	Туре	
В.	Full Name (Last, First, Middle Init USPS Mailing Address 904 Park A	,				Transaction ID: D132461 Date of Disbursement O7
	City Lake Park		State FL	Zip Code 33403-2404		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:		ement For: C Primary Other (spe	2006 General		
C.	Full Name (Last, First, Middle Init USPS	ial)				Transaction ID: D132462 Date of Disbursement
	Mailing Address 904 Park	Ave				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Lake Park Purpose of Disbursement Postage		State FL	Zip Code 33403-2404		Amount of Each Disbursement this Period 7.02 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		ement For: C Primary Other (spe	2006 General		

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District:

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	y Information copied from such Reports and St for commercial purposes, other than using the				
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) USPS				Transaction ID: D132463 Date of Disbursement M M
	Mailing Address 904 Park Ave		08 03 2006		
	City Lake Park	State FL	Zip Code 33403-2404		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage		Ī	•	35.10 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2006 General		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Varsity Travel				Transaction ID: D132327 Date of Disbursement
	Mailing Address 2401 Highway 287 N Ste 201		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Y & Q & Q & G \end{bmatrix} $		
	City Mansfield	State TX	Zip Code 76063-7597		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Agent Fee	30.00 Refund or Disposal of Excess			
	Candidate Name		,	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	oursement For: X Primary Other (spe	2006 General		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Zephyrhills		Transaction ID: D132464 Date of Disbursement		
	Mailing Address 6661 Dixie Hwy Suite		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ \begin{smallmatrix} \begin{smallmatrix} D & 2 & 7 \\ 2 & 7 \end{bmatrix} \ \begin{smallmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 6 \\ \end{smallmatrix} \end{bmatrix}$		
	City Louisville	State KY	Zip Code 40258		Amount of Each Disbursement this Period
	Purpose of Disbursement	•	52.96		
	Zephyrhills Water Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disk Senate President	oursement For: X Primary Other (spe	2006 General	Турс	
_	State: District:		·-··// V		
s	UBTOTAL of Disbursements This Page (optio	nal)			118.06

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ITEMIZED DISBURSEMENTS	Detailed Summary Page	>	(17		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
Tim Mahoney for Florida					
Full Name (Last, First, Middle Initial) A. Mr. Adam Nashban			Transaction ID: D132298 Date of Disbursement		
Mailing Address 4879 Via Palm Lks			07 D 05 Y 2006		
610					
City West Palm Beach	State Zip Code FL 33417-3105		Amount of Each Disbursement this Period		
Purpose of Disbursement			203.03		
Reimbursement of Expenses Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under		
		Type	11 C.F.R. 400.53		
· 🗎 –	ement For: 2006 Primary General Other (specify)				
Full Name (Last, First, Middle Initial)			T ID D144540		
3. Mr. Adam Nashban			Transaction ID: D141543 Date of Disbursement		
Mailing Address 4879 Via Palm Lks 610		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} P \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \end{smallmatrix} \end{smallmatrix}$			
City West Palm Beach	State Zip Code FL 33417-3105		Amount of Each Disbursement this Period		
Purpose of Disbursement Auto			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Candidate Name		Category/ Type			
ÿ	ement For: 2006 Primary General Other (specify)	,	[MEMO ITEM]		
Full Name (Last, First, Middle Initial)			Transaction ID: D141595		
Publix			Date of Disbursement		
Mailing Address Garden Square Plaza		$\begin{bmatrix} 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$			
City Palm Beach Gardens		Amount of Each Disbursement this Period			
Purpose of Disbursement Gifts		56.44 Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	ement For: 2006 Primary General Other (specify)		[MEMO ITEM]		
State: District:	•				
SUBTOTAL of Disbursements This Page (optional)		>	203.03		

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	y Information copied from such Reports a for commercial purposes, other than usin						for the purpose of solicating contributions
\setminus	NAME OF COMMITTEE (In Full)						
17	Tim Mahoney for Florida						
<u></u>	Full Name (Last, First, Middle Initial)						T :: ID D444750
A.	Unknown-Pizza						Transaction ID: D141753 Date of Disbursement
	Mailing Address						$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$
	City	(State	Zip Code			Amount of Each Disbursement this Period
	Purpose of Disbursement Consultants/Staff					•	40.00 Refund or Disposal of Excess
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburse	ment For:	2006	-	71	[MEMO ITEM]
	Senate President	X	Primary Other (spe	General			
	State: District:		Other (spe	ciry) 🔻			
	Full Name (Last, First, Middle Initial)						Transaction ID: D132300
B.	· Mr. Adam Nashban						Date of Disbursement
	Mailing Address 4879 Via Palm I 610		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ 2 & 0 & O & O & O \end{bmatrix}$				
	City West Palm Beach		State FL	Zip Code 33417-3105			Amount of Each Disbursement this Period
	Purpose of Disbursement		_		607.52		
	Reimbursement of Expenses						Refund or Disposal of Excess
	Candidate Name			egory/ ype	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate	Disburse	ment For: Primary	2006 General			
	President	X	Other (spe				
	State: District:		` '	,, ,			
_	Full Name (Last, First, Middle Initial)						Transaction ID: D141582
C.	Lowe's						Date of Disbursement
	Mailing Address 404 N Congress Avenue						07
	City Lake Park		State FL	Zip Code 33406			Amount of Each Disbursement this Period
	Purpose of Disbursement					-	75.00
	Office Expenses						Refund or Disposal of Excess Contributions Required Under
	Candidate Name					egory/ ype	11 C.F.R. 400.53
	Office Sought: House	Disburse	ment For:	2006			[MEMO ITEM]
	Senate	X	Primary	General			
	President		Other (spe	cify)			
_	State: District:						
	IIRTOTAL of Dishursements This Page	(ontional)					607.52

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	for commercial purposes, other than using the					
Λ	NAME OF COMMITTEE (In Full)					
//	Tim Mahoney for Florida					
_	Full Name (Last, First, Middle Initial)					Transaction ID: D141585
Α.	Lowe's					Date of Disbursement
	Mailing Address 404 N Congress A	venue				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 1 & 5 & D & N & 2 & 0 & 0 & 6 \\ \end{smallmatrix} \end{bmatrix}$
	City		tate	Zip Code		Amount of Each Disbursement this Period
	Lake Park Purpose of Disbursement		L	33406		532.52
	Office Furniture					Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Country	:-l		0000	Туре	[MEMO ITEM]
	Office Sought: House Senate		nent For: Primary	2006 General		
	President		Other (spec			
	State: District:					
В.	Full Name (Last, First, Middle Initial) Mr. Adam Nashban					Transaction ID: D132302 Date of Disbursement
	Mailing Address 4879 Via Palm Lks	;				08 7 01 7 2006
	City West Palm Beach		tate L	Zip Code 33417-3105		Amount of Each Disbursement this Period
	Purpose of Disbursement	'	<u> </u>	33417-3103		324.45
	Reimbursement of Expenses		Refund or Disposal of Excess			
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate		nent For: Primary	2006 General		
	President		Other (spec			
	State: District:			• •		
C.	Full Name (Last, First, Middle Initial)					Transaction ID: D141571
U.	Aaron Rents		Date of Disbursement			
	Mailing Address 1772 N Military Trl					08
	City West Palm Beach		tate L	Zip Code 33409-4714		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses				•	20.00
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D	isbursen	nent For:	2006	. 15.0	[MEMO ITEM]
	Senate	X	Primary	General		
	State: President District:		Other (spec	cify) 🔻		
Г	State. DISTIBLE.					
ls	UBTOTAL of Disbursements This Page (or	itional)				324.45

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		Detailed	Summary Page		20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using the				
Ν	NAME OF COMMITTEE (In Full)				
V	Tim Mahoney for Florida				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D141575
Α.	Cingular Wireless	Date of Disbursement			
	Mailing Address 5565 Glenridge Co	nnector NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 6 \end{smallmatrix} \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Atlanta	GA	30342-4756		000.00
	Purpose of Disbursement Cellular				203.00 Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under
				Туре	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Di	sbursement For:	2006 General		[
	President	X Primary Other (sp			
	State: District:	Other (op	∀		
	Full Name (Last, First, Middle Initial)				Transaction ID: D141583
В.	Lowe's				Date of Disbursement
	Mailing Address 404 N Congress Av	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	City Lake Park	State FL	Zip Code 33406		Amount of Each Disbursement this Period
	Purpose of Disbursement			* *	20.00
	Office Expenses				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	ÿ	sbursement For:	2006		[MEMOTIEM]
	Senate President	X Primary Other (sp	General		
	State: District:	Other (sp	ecity) \		
	Full Name (Last, First, Middle Initial)				Transaction ID: D141544
C.	Mr. Adam Nashban				Date of Disbursement
	Mailing Address 4879 Via Palm Lks				0 8 0 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	610				
	City West Palm Beach	State FL	Zip Code 33417-3105		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto		ſ	• •	40.38
	Candidate Name		I	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Di	sbursement For:	2006	Туре	[MEMO ITEM]
	Senate	X Primary	General		
	President	Other (sp			
_	State: District:	_			
					0.00
LS	UBTOTAL of Disbursements This Page (op-	tional)		•	0.00

0					
	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)	FOR LIN	E NUMBER: PAGE 101 / 127
IT	EMIZED DISBURSEMENTS		category of the Summary Page	(Crieck of	
		Detailed	Summary Fage		20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
\setminus	NAME OF COMMITTEE (In Full)				
\mathbb{Z}	Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: D141596
Α.	Publix				Date of Disbursement
	Mailing Address Garden Square Plaza				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Palm Beach Gardens	State FL	Zip Code 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses			•	1.07 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs	ement For:	2006		[MEMO ITEM]
		Primary	General		
	President State: District:	Other (spe	ecify) 🔻		
_	Full Name (Last, First, Middle Initial)				
В.	Unknown-Pizza				Transaction ID: D141754 Date of Disbursement
	Mailing Address				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Consultants/Staff		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Candidate Name	Category/ Type			
	9 🗎	ement For:	2006 General		[MEMO ITEM]
	President	Other (spe			
	State: District:		, · · · · · · · · · · · · · · · · · · ·		
	Full Name (Last, First, Middle Initial)				Transaction ID: D132309
C.	Daniel Mandell				Date of Disbursement
	Mailing Address 15310 Meadow Wood D	$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \end{smallmatrix} 0 6^{Y} $			
	City Wellington	State FL	Zip Code 33414-9005		Amount of Each Disbursement this Period
	Purpose of Disbursement			-	20.00
	Reimbursement of Expenses				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	-	ement For:	2006		
	Senate X	Primary Other (spe	General		
	State: District:	_ Cuioi (spe	√ y / ▼		
Г	· ·				
s	UBTOTAL of Disbursements This Page (optional)				20.00

91	CHEDIII E I	P /EEC Form 3) 				
		B (FEC Form 3	-		erate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 102 / 127
ITEMIZED DISBURSEMENTS			rs	for each category of the Detailed Summary Page			X 17
_							20a 20b 20c 21
							for the purpose of solicating contributions blicit contributions from such committee
Ν	NAME OF COM	, ,					
\mathbb{Z}	Tim Mahoney	for Florida					
Α.	•	First, Middle Initial)					Transaction ID: D141562
Α.	Mr. Daniel Mar	ndell			Date of Disbursement		
	Mailing Address	15310 Meadow Finance	Wood Dr				077 05 7 2006
	City			State FL	Zip Code 33414-9005		Amount of Each Disbursement this Period
	Wellington Purpose of Disbu	ırsamant			33414-9005		20.00
	Office Expenses	ar 3 cm cm					Refund or Disposal of Excess
	Candidate Name					Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	House	Disburser	mant Fari	2006	Туре	[MEMO ITEM]
	Office Sought.	Senate		Primary	General		
		President		Other (spe	cify)		
	State:	District:					
В.		First, Middle Initial)					Transaction ID: D132312
٥.	· Daniel Mandell						Date of Disbursement
	Mailing Address 15310 Meadow Wood Dr						$ \begin{array}{c c} & M & M \\ \hline 0 & 8 & M \end{array} $
	City			State	Zip Code		Amount of Each Disbursement this Period
	Wellington			FL	33414-9005		30.71
	Purpose of Disbu Reimbursement of			Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:	House	Disburser		2006		
		Senate President	X	Primary Other (spe	General		
	State:	District:		Other (ope	(iiy) ∀		
_		First, Middle Initial)					Transaction ID: D141563
C.	Mr. Daniel Mai	ndell					Date of Disbursement
	Mailing Address	15310 Meadow Finance	Wood Dr				08 00 1 2 2 0 0 6
	City Wellington			State FL	Zip Code 33414-9005		Amount of Each Disbursement this Period
		ırsement	<u>'</u>	L	33414-9003		30.71
	Purpose of Disbursement Auto						Refund or Disposal of Excess
	Candidate Name					Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	House	Disburser		2006		[MEMO ITEM]
		Senate President	X	Primary Other (spe	General		
	State:	District:		Outer (Spe	ony) ♥		
							00.74
I S	UBTOTAL of Disk	oursements This Page	(optional)				30.71

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 103 / 127 y one) X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nan			for the purpose of solicating contributions
/	NAME OF COMMITTEE (In Full)			
K	Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Daniel Gimbel Mailing Address 3206 32nd Ct			Transaction ID: D132314 Date of Disbursement 08
	City Jupiter	State Zip Code FL 33477-9347		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement of Expenses		•	72.63 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006 C Primary General Other (specify)	7,1-1	
_	Full Name (Last, First, Middle Initial)			Transaction ID: D141628
B.	Daniel Gimbel		Date of Disbursement	
	Mailing Address 3206 32nd Ct			$ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 & M \end{bmatrix} $
	City Jupiter	State Zip Code FL 33477-9347		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto		68.58 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	°	sement For: 2006 C Primary General Other (specify)		[MEMOTIEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) Publix			Transaction ID: D141597 Date of Disbursement
	Mailing Address Garden Square Plaza			08 7 01 7 2006
	City Palm Beach Gardens	State Zip Code FL 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses	• •	1.07	
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	9 🗎	sement For: 2006 C Primary General Other (specify)	,,	[MEMO ITEM]
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		>	72.63

·	20930300373			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the Detailed Summary Page) FOR LINE (check on	PAGE 104 / 127
	y Information copied from such Reports and State for commercial purposes, other than using the na			for the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Walgreens			Transaction ID: D141570 Date of Disbursement 0 8 0 1 2 0 0 6
	Mailing Address 200 Wilmot Rd			08 7 01 7 2006
	City Deerfield	State Zip Code IL 60015-4620	1	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses			2.98 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006 X Primary General Other (specify) ▼	, ,,	[MEMO ITEM]
	State: District:			
В.	Full Name (Last, First, Middle Initial) Alfred Reiger			Transaction ID: D132328 Date of Disbursement
	Mailing Address 1675NW 4th Avenue Apt. 511	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City Boca Raton	State Zip Code FL 33432		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement		98.56 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For: 2006 X Primary General Other (specify)		
_	State: District: Full Name (Last, First, Middle Initial)			
C.	,			Transaction ID: D141573 Date of Disbursement
	Mailing Address 1675NW 4th Avenue Apt. 511			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 5 \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 6 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$
	City Boca Raton	State Zip Code FL 33432		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto			79.05 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under
	9 🗎 1	sement For: 2006 X Primary General Other (specify)	•	[MEMO ITEM]
_	State: District:	·		
s	UBTOTAL of Disbursements This Page (optiona	I)	>	98.56

S	CHEDULE B (FEC Form 3)		FOR LINE	NUMBER: PAGE 105 / 127		
	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only			
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
\	NAME OF COMMITTEE (In Full)					
/	Tim Mahoney for Florida					
Δ.	Full Name (Last, First, Middle Initial) Dunkin Donuts			Transaction ID: D141557		
	Durikiri Doriuts			Date of Disbursement		
	Mailing Address 1999 NW Boca Raton Bl	vd		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$		
	City Boca Raton	State Zip Code FL 33432-1601		Amount of Each Disbursement this Period		
	Purpose of Disbursement	00402 1001		19.51		
	Consultants/Staff			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate X President	ement For: 2006 Primary General Other (specify)	71	[MEMO ITEM]		
	State: District:					
3.	Full Name (Last, First, Middle Initial) Halloran Development			Transaction ID: D132393 Date of Disbursement		
	Mailing Address 2508 Dewitt Ave	$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$				
	,	State Zip Code VA 22301-1104		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel reimbursement		3229.08 Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate X President	ement For: 2006 Primary General Other (specify)	,,			
	State: District: Full Name (Last, First, Middle Initial)					
Э.	Barnes & Noble			Transaction ID: D141553 Date of Disbursement		
	Mailing Address 700 S Rosemary Ave		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$			
	City West Palm Beach		Amount of Each Disbursement this Period			
	Purpose of Disbursement Office Expenses		42.80 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate X President	ement For: 2006 Primary General Other (specify)	71.5	[MEMO ITEM]		
	State: District:					
s	UBTOTAL of Disbursements This Page (optional))	3229.08		

S	CHEDULE B (FEC Form 3) Use sep	erate schedule(s)		NUMBER: PAGE 106/127
	EMIZED DISBURSEMENT	for each Detailed	category of the Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than using				
\setminus	NAME OF COMMITTEE (In Full)				
V	Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) Delta Air Mailing Address PO Box 20706				Transaction ID: D141534 Date of Disbursement 0 7 0 5 2 0 6 2
	Mailing Address PO Box 20706				0.000
	City Atlanta	State GA	Zip Code 30320-6001		Amount of Each Disbursement this Period
	Purpose of Disbursement Airline			v v	543.60 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Senate President State: District:	Disbursement For: X Primary Other (spe	2006 General ecify) ▼	,,	[MEMO ITEM]
	Full Name (Last, First, Middle Initial)				Transaction ID: D141674
B.	Fairfield Inn & Suites	Date of Disbursement O 7 D D D Y Y Y Y O O 6			
	Mailing Address 3400 Airport Roa				
	City Boca Raton	State FL	Zip Code 33431		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		•	960.30 Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For: X Primary Other (spe	2006 General		[MEMO ITEM]
	State: District:				
C.	Full Name (Last, First, Middle Initial) Hertz				Transaction ID: D141685 Date of Disbursement
	Mailing Address 14501 Hertz Qua		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$		
	City Oklahoma City		Amount of Each Disbursement this Period		
	Purpose of Disbursement Auto			• •	658.74 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For: X Primary Other (spe	2006 General		[MEMO ITEM]
	State: District:		<i>,,</i> ▼		
s	UBTOTAL of Disbursements This Page	(optional)		>	0.00

64	CHEDIII E B /EEC Earm 3	, –				
SCHEDULE B (FEC Form 3)			se seperate schedule(s)	FOR LIN (check or	NUMBER: PAGE 107 / 127	
ITEMIZED DISBURSEMENTS		S fo	for each category of the Detailed Summary Page			X 17
	y Information copied from such Reports an for commercial purposes, other than using	n for the purpose of solicating contributions solicit contributions from such committee				
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) Office Depot					Transaction ID: D141591 Date of Disbursement 0 7 0 5 7 2 0 0 6
	Mailing Address Prosperity Center					07 03 2000
	City Palm Beach Gardens	State FL	e	Zip Code 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies					11.71 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursemer X Pri Oth	-	2006 General		[MEMO ITEM]
	State: District:					
В.	Full Name (Last, First, Middle Initial) Office Depot					Transaction ID: D141592 Date of Disbursement
	Mailing Address Prosperity Center	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Palm Beach Gardens	State FL	е	Zip Code 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies		338.33 Refund or Disposal of Excess			
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursemer X Pri Oth		2006 General		[MEMO ITEM]
	State: District:					
C.	Full Name (Last, First, Middle Initial) Unknown-Cab					Transaction ID: D141743 Date of Disbursement
	Mailing Address	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	Amount of Each Disbursement this Period				
	Purpose of Disbursement Auto	106.00 Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursemer X Pri Oth		2006 General		[MEMO ITEM]
_	State: District:			· 		
s	UBTOTAL of Disbursements This Page (c	ptional)				0.00

ııay	E# 20330300311				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each	erate schedule(s) category of the Summary Page	(check onl	NUMBER: PAGE 108 / 127 y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Si for commercial purposes, other than using the				for the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 2 N La Salle St				Transaction ID: D141612 Date of Disbursement O7
		State IL	Zip Code 60602-3702	Category/ Type	Amount of Each Disbursement this Period 144.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President State: District: Full Name (Last, First, Middle Initial)	X Primary Other (spe	General ♥		Transaction ID: D141613
B.	US Airways Mailing Address 2 N La Salle St				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago Purpose of Disbursement Airline Candidate Name	State IL	Zip Code 60602-3702	Category/ Type	Amount of Each Disbursement this Period 154.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	oursement For: X Primary Other (spe	2006 General	.,,,,,	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 2 N La Salle St				Transaction ID: D141614 Date of Disbursement O 7
	City Chicago Purpose of Disbursement Airline Candidate Name Office Sought: House Senate President State: District:	State IL Dursement For: X Primary Other (spe	Zip Code 60602-3702 2006 General	Category/ Type	Amount of Each Disbursement this Period 269.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
s	UBTOTAL of Disbursements This Page (option	nal)		>	0.00

91	CHEDIII E B (EEC Form 2	\				
SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT		Use seperate scriedule(s)			FOR LINE (check only	NUMBER: PAGE 109 / 127
		ıs	for each category of the Detailed Summary Page		l ` <u>-</u> -	X 17
	y Information copied from such Reports a for commercial purposes, other than usin					or the purpose of solicating contributions licit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)					
	Tim Mahoney for Florida					
_	Full Name (Last, First, Middle Initial)					Transaction ID: D132396
Α.	Halloran Development					Date of Disbursement
	Mailing Address 2508 Dewitt Ave)				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G \end{bmatrix} $
	City		State	Zip Code		Amount of Each Disbursement this Period
	Alexandria		VA	22301-1104		1650.85
	Purpose of Disbursement Travel reimbursement					Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under
					Type	11 C.F.R. 400.53
	Office Sought: House	Disburser		2006		
	Senate President	X	Primary Other (spe	General		
	State: District:		Other (Spe	O.I. y) ₩		
	Full Name (Last, First, Middle Initial)					Transaction ID: D141672
В.	European Village Resort					Date of Disbursement
	Mailing Address 101 Palm Harbo		07 15 7 2006			
	City		State	Zip Code		Amount of Each Disbursement this Period
	Palm Coast		FL	32137		105.30
	Purpose of Disbursement Lodging					Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:	2006		[MEMO ITEM]
	Senate	X	Primary	General		
	State: President District:		Other (spe	city) 🔻		
	Full Name (Last, First, Middle Initial)					Transaction ID: D141675
C.	Fairfield Inn & Suites					Date of Disbursement
	Mailing Address 3400 Airport Ro	ad				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} T & D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} T & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Boca Raton		State FL	Zip Code 33431		Amount of Each Disbursement this Period
	Purpose of Disbursement				v v	252.57
	Lodging Candidate Name				2-1	Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Category/ Type	11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:	2006	71: -	[MEMO ITEM]
	Senate	X	Primary	General		
	President		Other (spe	cify) 🔻		
_	State: District:					
S	UBTOTAL of Disbursements This Page	(optional)				1650.85

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		for each Detailed	erate schedule(s) category of the Summary Page	(check on	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) Halloran Development Mailing Address 2508 Dewitt Ave				Transaction ID: D141684 Date of Disbursement O7 D D D V Y Y Y O O O
	City Alexandria Purpose of Disbursement	State VA	Zip Code 22301-1104		Amount of Each Disbursement this Period 457.20
	Auto Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: Primary Other (spe	2006 General		[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 14501 Hertz Quail Sprin	gs Parkwa	v		Transaction ID: D141686 Date of Disbursement 0 7
	City Oklahoma City	State OK	Zip Code 73134		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: Primary Other (spe	2006 General	Туре	[MEMO ITEM]
С.	Full Name (Last, First, Middle Initial)				Transaction ID: D141558 Date of Disbursement
	Mailing Address 630 Clearwater Park Rd				077 7 15 7 2006
	City West Palm Beach	State FL	Zip Code 33401-6232		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	ÿ 🗎 –	ement For: Primary Other (spe	2006 General		[=
_	State: District:		•		
s	UBTOTAL of Disbursements This Page (optional)				0.00

SCHEDULE B (FEC Form 3) Use seperate schedule(s)					NUMBER: PAGE 111 / 127			
IT	EMIZED DISBURSEMENTS	for each	category of the ((check only				
		Detailed	Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports an for commercial purposes, other than using							
\setminus	NAME OF COMMITTEE (In Full)							
\backslash	Tim Mahoney for Florida							
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: D141631			
	Radio Shack				Date of Disbursement			
	Mailing Address 4210 Northlake B	lvd.			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} \end{bmatrix}$			
	City Palm Beach Gardens	State FL	Zip Code 33410		Amount of Each Disbursement this Period			
	Purpose of Disbursement Office Expenses				51.09			
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under			
				Type	11 C.F.R. 400.53			
	Office Sought: House Senate President	Disbursement For: X Primary Other (spe	2006 General		[MEMO ITEM]			
	State: District:							
В.	Full Name (Last, First, Middle Initial) US Airways				Transaction ID: D141615 Date of Disbursement			
	Mailing Address 2 N La Salle St				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} & \begin{smallmatrix} D \\ O \end{smallmatrix} 1 \begin{smallmatrix} D \\ S \end{smallmatrix} $			
	City Chicago	State IL	Zip Code 60602-3702		Amount of Each Disbursement this Period			
	Purpose of Disbursement Airline		312.38 Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
		Disbursement For:	2006		[MEMO ITEM]			
	Senate President	X Primary Other (spe	General					
	State: District:	Out of (ope	√y) ∀					
C.	Full Name (Last, First, Middle Initial) Halloran Development				Transaction ID: D132397 Date of Disbursement			
	Mailing Address 2508 Dewitt Ave				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & B \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	City	State	Zip Code		Amount of Each Disbursement this Period			
	Alexandria	VA	22301-1104					
	Purpose of Disbursement		Г	• •	5000.00			
	Reimbursement of Expenses Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President	Disbursement For: X Primary Other (spe	2006 General	1 300				
	State: District:	Other (spe	,iy) ▼					
s	SUBTOTAL of Disbursements This Page (c	optional)		>	5000.00			

SCHEDULE B (FEC Form 3)		Use seperate schedule	(e)	E NUMBER: PAGE 112 / 127
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck or	X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Aristotle Int'l Inc.			Transaction ID: D141645 Date of Disbursement
	Mailing Address 205 Pennsylvania Ave, S	SE,		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Fund Raising Candidate Name		Category/ Type	S000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)		[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Joanna Belanger			Transaction ID: D132405 Date of Disbursement
	Mailing Address 7050 Aliso Avenue			08 0 0 1 7 2 0 0 6
	City West Palm Beach	State Zip Code FL 33413		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement of Expenses Candidate Name		Category/	228.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)	Type	
C.	Full Name (Last, First, Middle Initial) Publix			Transaction ID: D141598 Date of Disbursement
	Mailing Address Garden Square Plaza			08 0 0 1 7 2 0 0 6
	City Palm Beach Gardens	State Zip Code FL 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
		ement For: 2006 Primary General Other (specify)	al	[memo rrem;
s	UBTOTAL of Disbursements This Page (optional)			228.10
	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Southwest Air Mailing Address Customer Relations/Rap	oid Rewards P		Transaction ID: D141723 Date of Disbursement M M M / D D D / Y Y Y O O O O
	City Dallas Purpose of Disbursement	State Zip Code TX 75235-1647		Amount of Each Disbursement this Period 206.10
	Airline Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
		ement For: 2006 (Primary General Other (specify)		[MEMOTILM]
В.	Full Name (Last, First, Middle Initial) Unknown-Meals Mailing Address			Transaction ID: D141750 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Candidate Name		Category/	10.00 Refund or Disposal of Excess Contributions Required Under
	· -	sement For: 2006 (Primary General Other (specify)	Туре	11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Ronald L. Luk			Transaction ID: D132439 Date of Disbursement
	Mailing Address 4114 Northlake Blvd Second Floor			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Palm Beach Gardens	State Zip Code FL 33410-6271		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	9	ement For: 2006 (Primary General Other (specify)		
	-			832.57
LS	UBTOTAL of Disbursements This Page (optional)			002.01

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SCHEDULE B (FEC Form 3)				erate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 114 / 127
ITEMIZED DISBURSEMENTS		ΓS	for each category of the Detailed Summary Page		_ I ` _	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports for commercial purposes, other than usin					for the purpose of solicating contributions plicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) Inns of America					Transaction ID: D141689 Date of Disbursement 0 7
	Mailing Address 4123 Northlake	Blvd				07 15 2006
	City Palm Beach Gardens		State FL	Zip Code 33410		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging				•	78.57 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spe	2006 General		[MEMO ITEM]
	State: District:					
В.	Full Name (Last, First, Middle Initial) Maroone Rent a Car					Transaction ID: D141634 Date of Disbursement
	Mailing Address		0 7 M / D 1 5 / Y 2 0 0 6 Y			
	City	5	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto			350.00 Refund or Disposal of Excess		
	Candidate Name			Category/ Type Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spe	2006 General		[MEMOTIEM]
	State: District:		` .	• •		
C.	Full Name (Last, First, Middle Initial) Palm Beach Transportation Grou	p, LLC				Transaction ID: D141710 Date of Disbursement
	Mailing Address 1700 N Florida	Mango Ro	ad			07 15 7 2006
	City West palm Beach		State FL	Zip Code 33409		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto					55.00 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spe	2006 General		[MEMO ITEM]
_	State: District:					
	IIRTOTAL of Disbursements This Page	(ontional)				0.00

Candidate Name

Office Sought:

State:

House

Senate

District:

President

SCHEDULE B (FEC Fo ITEMIZED DISBURSEN

age	e# 26930568384				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 115 / 127	
	y Information copied from such Reports and State for commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida				
Α.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: D141616 Date of Disbursement	
	Mailing Address 2 N La Salle St			07 15 2006	
	City Chicago	State Zip Code IL 60602-3702		Amount of Each Disbursement this Period	
	Purpose of Disbursement Airline Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under	
		sement For: 2006	Type	11 C.F.R. 400.53 [MEMO ITEM]	
	Senate President State: District:	X Primary General Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) Ronald L. Luk			Transaction ID: D132440 Date of Disbursement	
	Mailing Address 4114 Northlake Blvd Second Floor			08 7 01 7 2006	
	City Palm Beach Gardens	State Zip Code FL 33410-6271		Amount of Each Disbursement this Period	
	Purpose of Disbursement Reimbursement of Expenses		358.47 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
		sement For: 2006 X Primary General Other (specify)			
C.	Full Name (Last, First, Middle Initial) Maroone Rent a Car			Transaction ID: D141635	
	Mailing Address			Date of Disbursement O 8 O 1 O 1 O 0 O 0 O 0 O 0 O 0 O 0 O 0 O 0	
	City	State Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement Auto			350.00 Refund or Disposal of Excess	
	Candidate Name		Category/	Contributions Required Under	

Category/

Type

11 C.F.R. 400.53

[MEMO ITEM]

358.47 SUBTOTAL of Disbursements This Page (optional) ... \blacktriangleright TOTAL This Period (last page this line number only)

2006

General

Disbursement For:

X Primary

Other (specify)

<u> </u>		0 \						
SCHEDULE B (FEC Form 3)				erate schedule(s)	FOR LINE (check only	E NUMBER: PAGE 116 / 127		
IT	ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		l ` <u>-</u> -	X 17		
			Detailed	Summary rage		20a 20b 20c 21		
						for the purpose of solicating contributions licit contributions from such committee		
\setminus	NAME OF COMMITTEE (In Full)							
/	Tim Mahoney for Florida							
<u></u>	Full Name (Last, First, Middle Initial)					Transaction ID: D141608		
A.	The Home Depot					Date of Disbursement		
	Mailing Address 3860 Northlak	e Blvd				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Lake Park		State FL	Zip Code 33403-1536		Amount of Each Disbursement this Period		
	Purpose of Disbursement					8.47		
	Office Expenses Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under		
					Type	11 C.F.R. 400.53		
	Office Sought: House	Disburse		2006		[MEMO ITEM]		
	Senate President	X	Primary Other (spe	General				
	State: District:		Other (spe	City) \blacktriangledown				
	Full Name (Last, First, Middle Initial)					Transaction ID: D132444		
B.	Sam Nasr					Date of Disbursement		
	Mailing Address 4114 Northlak Second Floor	e Blvd				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$		
	City Palm Beach Gardens		State FL	Zip Code 33410-6271		Amount of Each Disbursement this Period		
	Purpose of Disbursement		I L	33410-0271		749.52		
	Reimbursement of Expenses					Refund or Disposal of Excess		
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate	Disburse	ment For: Primary	2006 General				
	President		Other (spe					
	State: District:							
C.	Full Name (Last, First, Middle Initial) Break Time					Transaction ID: D141648 Date of Disbursement		
	Mailing Address 1302 S Main					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Sikeston		State MO	Zip Code 63801		Amount of Each Disbursement this Period		
	Purpose of Disbursement					6.29		
	Consultants/Staff Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under		
	Candidate Name				Type	11 C.F.R. 400.53		
	Office Sought: House	Disburse	ment For:	2006	7.	[MEMO ITEM]		
	Senate	X	Primary	General				
	State: President District:		Other (spe	city) 🔻				
s	UBTOTAL of Disbursements This Page	ge (optional)				749.52		

S	CHEDULE B (FEC Form 3)	Use sepe	rate schedule(s)	_		NUMBE	R:			PAGE	117 / 127
IT	EMIZED DISBURSEMENTS	for each o	ategory of the	(che	ck only	one) (17	П	18	П	19a Г	☐ 19b
		Detailed	Summary Page		ť	20a	Н	20b	_	20c	21
	y Information copied from such Reports and State for commercial purposes, other than using the nan										
\setminus	NAME OF COMMITTEE (In Full)										
Ż	Tim Mahoney for Florida										
A.	Full Name (Last, First, Middle Initial) Break Time							sburse	emen	11649 t	
	Mailing Address 1302 S Main					0 ^M 8	М	0	^D	/ Y	2 0 0 6 °
	City Sikeston	State MO	Zip Code 63801			Amou	ınt of	Each	Disb	urseme	nt this Period
	Purpose of Disbursement Auto									al of Ex	
	Candidate Name			Categor Type	y/		C.F	.R. 40		quired U	nder
	Senate President	ement For: C Primary Other (spec	2006 General			L		,			
	State: District: Full Name (Last, First, Middle Initial)										
В.	Buckstop					Date of		on ID: sburse		t	V * V * V
	Mailing Address 611 E Jackson						08 / 01 / 2006				
	City Spearfish	State SD	Zip Code 57783			Amou	ınt of	Each	Disb	urseme	nt this Period
	Purpose of Disbursement Consultants/Staff			Refund or Disposal of Excess Contributions Required Under							
	Candidate Name			Categor Type	у/		C.F	.R. 40		quirea O	naer
	Senate >	ement For: C Primary Other (spec	2006 General			•		•			
	State: District:										
C.	Full Name (Last, First, Middle Initial) Chevron					Date of	of Di	sburse	emen		
	Mailing Address 8219 W Flagler St					0 ^M 8	М	0	1 1	′ 🗀 .	2 0 0 6 °
	City Miami	State FL	Zip Code 33144-2027			Amou	ınt of	Each	Disb	urseme	nt this Period
	Purpose of Disbursement Auto							al of Ex			
		Candidate Name Ca						outions F.R. 40 TEM]		quired U	nder
	Senate >	ement For: C Primary Other (spec	2006 General			L		,			
	State: District:										
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>	L.					0.00
Т.	OTAL This Period (last page this line number only	·)			•						

50	CHEDULE B (FECForm 3)	Use seperate schedule(s)		NUMBER: PAGE 118 / 127
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida			
Α.	Full Name (Last, First, Middle Initial) Country Store			Transaction ID: D141656 Date of Disbursement 0 8 0 1 7 2 0 6 6
	Mailing Address 3153 Loliet Ave			2000
	City Missouri Valley	State Zip Code IA 51555		Amount of Each Disbursement this Period 9.45
	Purpose of Disbursement Consultants/Staff Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006 X Primary General Other (specify)	,,	[MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Country Store			Transaction ID: D141657 Date of Disbursement 0 8
	Mailing Address 3153 Loliet Ave			08 01 2006
	City Missouri Valley	State Zip Code IA 51555		Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006 X Primary General Other (specify)	Туре	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Days Inn			Transaction ID: D141661 Date of Disbursement
	Mailing Address Wyndham Worldwide C	Corporation 1 Sy		08 01 7 2006
	City Parsippany	State Zip Code NJ 7054		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging Candidate Name		Category/ Type	73.45 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	· —	sement For: 2006 K Primary General Other (specify)	71	[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (optional))		0.00
	OTAL This Period (last page this line number only			

	CHEDULE B (FEC Form 3)	Use seperate schedule(s) FOR LINE (check onl	NUMBER: PAGE 119 / 127		
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	l ` -	x 17		
		Detailed Summary Page		20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
Λ	NAME OF COMMITTEE (In Full)					
/	Tim Mahoney for Florida					
<u>/</u>	Full Name (Last, First, Middle Initial)			Transaction ID: D141663		
A.	Diamond Shamrock			Date of Disbursement		
	Mailing Address 12499 Blueridge			08 01 7 2006		
		State Zip Code MO		Amount of Each Disbursement this Period		
	Purpose of Disbursement Consultants/Staff			3.19 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ement For: 2006	1	[MEMO ITEM]		
		Primary General				
	President State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)			Transaction ID: D141664		
В.	Diamond Shamrock			Transaction ID: D141664 Date of Disbursement		
	Mailing Address 12499 Blueridge			$ \begin{array}{c c} & M & M \\ \hline 0 & 8 & M \end{array} $		
	,	State Zip Code MO		Amount of Each Disbursement this Period		
	Purpose of Disbursement Auto			34.15 Refund or Disposal of Excess		
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ement For: 2006	. 7/6-0	[MEMO ITEM]		
		Primary General				
	President State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)			Transaction ID: D141668		
C.	Don's Crossroads			Date of Disbursement		
	Mailing Address 11859 Highway 96			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & G \end{smallmatrix} \end{bmatrix}$		
		State Zip Code		Amount of Each Disbursement this Period		
		MO 65707		13.06		
	Purpose of Disbursement Consultants/Staff			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ement For: 2006	1 1300	[MEMO ITEM]		
	Senate	Primary General				
	President State: District:	Other (specify)				
	l					
s	UBTOTAL of Disbursements This Page (optional)			0.00		

S	CHEDULE B (FEC Form 3)	Use sepera	te schedule(s)	FOR LINE (check only	NUMBER: PAGE 120 / 127		
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		l ` <u>-</u>	X 17		
		Detailed 30	illillary r age		20a 20b 20c 21		
	y Information copied from such Reports and Stater for commercial purposes, other than using the name						
Λ	NAME OF COMMITTEE (In Full)						
/	Tim Mahoney for Florida						
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: D141669		
A.	Don's Crossroads				Date of Disbursement		
	Mailing Address 11859 Highway 96				08		
	Mailing Address 11859 Highway 96						
	City		Zip Code		Amount of Each Disbursement this Period		
	Miller	MO	65707		52.05		
	Purpose of Disbursement Auto				Refund or Disposal of Excess		
	Candidate Name			Category/	Contributions Required Under		
				Туре	11 C.F.R. 400.53 [MEMO ITEM]		
		ement For: Primary	2006 General		[
	President	Other (specif					
	State: District:		• •				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D141680		
В.	Food N Fuel				Date of Disbursement		
	Mailing Address 2505 W Russell				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & O & O & G \end{smallmatrix} $		
	City		Zip Code		Amount of Each Disbursement this Period		
	Sioux Falls	SD			18.59		
	Purpose of Disbursement Auto				Refund or Disposal of Excess Contributions Required Under		
	Candidate Name			Category/			
				Туре	11 C.F.R. 400.53 [MEMO ITEM]		
	ÿ	ement For: Primary	2006 General		[
	President	Other (specif					
	State: District:		•				
C.	Full Name (Last, First, Middle Initial)				Transaction ID: D141700		
U.	Kwil Shop #39				Date of Disbursement		
	Mailing Address				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & O & G \end{smallmatrix} \end{bmatrix}$		
	City Gillette	State 2 WY	Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement				8.29		
	Consultants/Staff Candidate Name				Refund or Disposal of Excess Contributions Required Under		
	Candidate Name			Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disburs	ement For:	2006	71	[MEMO ITEM]		
		Primary	General				
	State: President State:	Other (specif	y) ▼				
Г	District.						
s	UBTOTAL of Disbursements This Page (optional)			>	0.00		

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	NUMBER: PAGE 121 / 127 y one)	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
Any Information copied from such Reports and Stator for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Tim Mahoney for Florida				
Full Name (Last, First, Middle Initial) Kwil Shop #39			Transaction ID: D141701 Date of Disbursement	
Mailing Address	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} $			
City Gillette	Amount of Each Disbursement this Period 47.51 Refund or Disposal of Excess			
Purpose of Disbursement Auto				
Candidate Name Category/ Type			Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
	rsement For: 2006 X Primary General Other (specify) ▼		,,	
Full Name (Last, First, Middle Initial) Petro #23 Ocala			Transaction ID: D141711 Date of Disbursement	
Mailing Address 7401 West Highway #3	Mailing Address 7401 West Highway #318			
City Reddick	State Zip Code FL 32686		Amount of Each Disbursement this Period	
Purpose of Disbursement Consultants/Staff			4.23 Refund or Disposal of Excess	
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
ÿ	rsement For: 2006 X Primary General Other (specify)		[MEMOTIEM]	
Full Name (Last, First, Middle Initial) Petro #23 Ocala			Transaction ID: D141712 Date of Disbursement	
Mailing Address 7401 West Highway #318			$\begin{bmatrix} 0 & 8 & M & M & M & M & M & M & M & M & M$	
City State Zip Code Reddick FL 32686			Amount of Each Disbursement this Period	
Purpose of Disbursement Auto		Refund or Disposal of Excess		
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
· → I	rsement For: 2006 X Primary General Other (specify) ▼		[
Oldio. District.				
SUBTOTAL of Disbursements This Page (optional	JV		0.00	

S	CHEDULE B (FEC Form 3)	Use seperate s	schedule(s)	FOR LINE		PAGE 122 / 127
IT	EMIZED DISBURSEMENTS	for each catego Detailed Sumn	ory of the ((check only	one) (17	19a 19b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				or the purpose of solic	ating contributions
\rangle	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida					
Α.	Full Name (Last, First, Middle Initial) Phillips #2629 Mailing Address I90&USHwy83				Transaction ID: D141714 Date of Disbursement	
	City	State Zip	Code		Amount of Each Dis	sbursement this Period
	Senate X President	ement For: Primary Other (specify)	2006 General	ategory/ Type	Refund or Disport Contributions R 11 C.F.R. 400.5	equired Under
В.	State: District: Full Name (Last, First, Middle Initial) Pilot Mailing Address 650 Highway 299				Transaction ID: Do Date of Disbursement March Do D D	ent
	City Wildwood Purpose of Disbursement Consultants/Staff Candidate Name Office Sought: House Disburse			ategory/ Type	Amount of Each Disport Contributions R 11 C.F.R. 400.5	equired Under
	President State: District:	Other (specify)	▼			
C.	Full Name (Last, First, Middle Initial) Pilot Mailing Address 650 Highway 299				Transaction ID: Dotte of Disbursement 0 8 0 1	ent
	City State Zip Code Wildwood GA 30757 Purpose of Disbursement Auto			•	Amount of Each Dis	sbursement this Period 63.30 osal of Excess
		ement For: Primary Other (specify)	2006 General	ategory/ Type	Contributions R 11 C.F.R. 400.5 [MEMO ITEM]	equired Under
	State: District: UBTOTAL of Disbursements This Page (optional)					0.00
T	OTAL This Period (last page this line number only)			🕨		

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IT	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each Detailed	erate schedule(s) category of the Summary Page	(check on	X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) Tim Mahoney for Florida		, , , , , , , , , , , , , , , , , , ,			
Α.	Full Name (Last, First, Middle Initial) Rath Inn Mailing Address 3155 Joliet Ave				Transaction ID: D141720 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Zip Code Missouri IA 5155 Purpose of Disbursement Lodging Candidate Name Category/			Category/	Amount of Each Disbursement this Period 52.63 Refund or Disposal of Excess Contributions Required Under	
	Office Sought: Senate President State: Disbut	rsement For: X Primary Other (specification)	2006 General	Туре	11 C.F.R. 400.53 [MEMO ITEM]	
В.	Full Name (Last, First, Middle Initial) Run and Go Mailing Address 2975 Grand Ave				Transaction ID: D141722 Date of Disbursement M M M / D D D / Y Y O O O O	
	City Billings	State MT	Zip Code 59102		Amount of Each Disbursement this Period	
	Purpose of Disbursement Auto Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: Senate President State: Disbut	rsement For: X Primary Other (sp	2006 General ecify) V		[MEMO ITEM]	
C.	Full Name (Last, First, Middle Initial) Waffle House			Transaction ID: D141760 Date of Disbursement		
	Mailing Address 4282 Highway 138			08 0 0 1 7 2 0 0 6		
	City Stockbridge	State GA	Zip Code 30281		Amount of Each Disbursement this Period	
	Purpose of Disbursement Consultants/Staff			• •	Refund or Disposal of Excess	
	Candidate Name	raamant Far	2006	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

General

X Primary

Other (specify) ▼

State:

Senate

District:

President

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 124 / 127 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19a 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Full Name (Last, First, Middle Initial) Transaction ID: D140195 Timothy E Mahoney Date of Disbursement 0 1 0 8 2006 Mailing Address 355 Castlerock Rd City State Zip Code Amount of Each Disbursement this Period Venus FL 33960 2000.00 Purpose of Disbursement Repayment to Candidate Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House X Primary General Senate President Other (specify) State: FL District: 16 Full Name (Last, First, Middle Initial) Transaction ID: D132465 Timothy E Mahoney Date of Disbursement 0 1 0 8 2006 Mailing Address 355 Castlerock Rd City State Zip Code Amount of Each Disbursement this Period 33960 Venus FL 228000.00 Purpose of Disbursement Repayment to Candidate Refund or Disposal of Excess

2006

General

Disbursement For:

X Primary

Other (specify)

Category/

Type

Contributions Required Under

11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	230000.00
TOTAL This Period (last page this line number only)	•	230000.00

Candidate Name

Office Sought:

State: FL

χ House

District: 16

Senate

President

SCHEDULE C (FEC Form 3)

PAGE 125 / 127

LOANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 13a 13b					
NAME OF COMMITTEE (In Full) Tim Mahoney for Florida	Transaction ID: L463					
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:					
Timothy E Mahoney (Personal Funds)	X Primary General					
Mailing Address 355 Castlerock Rd	Other (specify)					
City Venus State FL ZIP C	Code 33960					
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period					
228000.00	228000.00					
TERMS Date Incurred Date Due	Interest Rate Secured:					
0 6 D D 2 0 0 6 11/15/2006	.0500 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	0.00					
TOTALS This Period (last page in this line only)						

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the **Detailed Summary Page**

PAGE 126 / 127 FOR LINE NUMBER: (check only one) 13a 13b NAME OF COMMITTEE (In Full) Tim Mahoney for Florida Transaction ID: L472 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: X Primary Timothy E Mahoney (Personal Funds) General Mailing Address Other (specify) 355 Castlerock Rd City Venus State FL ZIP Code 33960 Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 78400.00 0.00 78400.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 30 .0000 | % (apr) 12 2005 12/31/2006 Yes X No List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 78400.00 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

PAGE 127 / 127 FOR LINE NUMBER:

\	13a
	13h

CANS		Detailed Summary Pag	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		•	
Tim Mahoney for Florida		Tran	nsaction ID: L473
LOAN SOURCE Full Name (Last, First, Middle Initial) Timothy E Mahoney			Election: X Primary General
Mailing Address 355 Castlerock Rd	Other (specify)		
City Venus	State FL ZIP Code	e 33960	
Original Amount of Loan	Cumulative Payment To I	Date Balai	nce Outstanding at Close of This Period
21000.00		2000.00	19000.00
TERMS Date Incurred	Date Due	Interest	Rate Secured:
0 3 D D Y Y Y Y Y 2 0 0 6			.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan	Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		. [19000.00
TOTALS This Period (last page in this line only)			97400.00
Carry outstanding balance only to LINE 3. Schedule			orangita line of Summery
vari v valstatiutiju pajatiče UHV tU LINE 3. SCHEOUI	. w. ivi una mie. Il no acnet	Juie D. Cally IVIWAIU (0 AD)	oropraite line or Junillal V.